

**LINDSEY
COUNTY COUNCIL**

ANNUAL REPORT 1968



**COUNTY
MEDICAL OFFICER
OF HEALTH**



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COUNTY OF LINCOLN -- PARTS OF LINDSEY



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1968

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.
County Medical Officer of Health

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PUBLIC HEALTH OFFICERS OF THE AUTHORITY

County Medical Officer of Health

CYRIL D. CORMAC, M.A., B.M., B.Ch., D.P.H.

Deputy County Medical Officer of Health

IAN D. McINTOSH, M.A., M.B., B.Ch., D.P.H. (Resigned 19.10.68)

Senior Assistant County Medical Officer

H. HARTLEY DAVIES, M.R.C.S., L.R.C.P., D.C.H.

Assistant County Medical Officers

PAULINE J. BEE, M.B., Ch.B.

JAMES M.B. CARR, M.B., Ch.B., D.P.H.

KATHLEEN A. CLYNE, M.B., Ch.B., B.A.O. (Part-time)

ALAN DOCKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

MYRA J. FREEMAN, M.B., Ch.B. (Part-time)

HENRY L. LAING, L.R.C.P., L.R.C.S.

NORA LAING, L.R.C.P. & S.I.

JOHN E. LEE, M.R.C.S., L.R.C.P., D.P.H.

THELMA LEE, M.B., B.S., (Part-time)

ANTHONY LOFTUS, L.R.C.P., L.R.C.S., L.M., D.P.H.

STANLEY A. O'HAGAN, M.B., B.S., D.P.H.

DOROTHY W. O'HAGAN, M.B., B.S.

JAMES S. ROBERTSON, M.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

MARY C. ROBERTSON, M.B., Ch.B.

ALAN V. SHEARD, M.B., Ch.B., D.R.O.G., D.P.H. (Resigned 30.9.68)

SWADESH SIKKA, M.B., B.S., D.C.H. (Part-time)

DAVID T.M. SMITH, M.R.C.S., L.R.C.P., M.B., B.S. (Resigned 24.8.68)

JOHN K. WADE, M.B., B.S., M.R.C.P., M.R.C.S. (Part-time)

WILLIAM C. WARD, M.B., B.Ch., B.A.O., D.P.H.

(Continued)

Chief County Dental Officer

JOHN WATSON, B.D.S., L.D.S., U. Manc., D.D.P.H., R.C.S.

County Orthodontist

ALBERT W. GREENWOOD, B.D.S., L.D.S., U. Manc., D. Orth. R.C.S.

Area Dental Officers

MARY CLAYTON, B.D.S., L.D.S., U. Durh.

RALPH C. CLAYTON, L.D.S., U. Durh.

JOHN E.F. HALL, L.D.S., R.C.S. (Resigned 18.9.68)

JOHN H. HARPER, B.D.S., U. Edin.

JOHN M. SULLIVAN, L.D.S., R.C.S.

CHRISTOPHER J.D. SYKES, B.Ch.D., L.D.S., U. Leeds
(Appointed 6.8.68)

DENNIS G. THOMPSON, B.D.S., U. Manc. (Promoted
from dental officer 23.9.68)

JAMES L. TRAYNOR, B.Ch.D., L.D.S., U. Leeds
(Resigned 31.5.68)

Senior Dental Officer

WILLIAM T. CHAPMAN, L.D.S., R.C.S., L.D.S., U. Brist.
(Promoted from dental officer 1.4.68)

Dental Officers

PHILIP A. DUNCAN, B.D.S., U. Edin. (Appointed 5.8.68)

JANET GREETHAM, B.D.S., U. L'pool (Appointed 29.10.68)

ANTHONY I. HUTCHINSON, L.D.S., U. Sheff.

JOHN McCUTCHEON, L.D.S., R.F.P.S. Glasg. (Appointed 1.9.68)

BARBARA B. WARD, B.Ch.D., L.D.S., U. Leeds (Part-time)

Dental Auxiliaries

VANESSA E. HOWES (Appointed 9.9.68)

PATRICIA S. PERRY (Appointed 9.9.68)

County Health Inspector

GEORGE COLLINSON, D.P.A., F.I.P.H.E., M.A.P.H.I.

Assistant County Health Inspector

ARTHUR HENRY RANDS, M.A.P.H.I.

Superintendent Nursing Officer

AUDREY VARLEY, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

Assistant Superintendent Nursing Officers

PRUDENCE M. GILBERT, S.R.N. S.C.M., Health Visitors Cert. of R.S.H.

JOAN M. HART, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

GWENDOLINE F.M. O'REILLY, S.R.N., S.C.M.

MARY SAVILLE, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

County Ambulance Officer

JOHN H. DAVIS

Administrative Assistant

CHARLES H. NICHOLSON

Chief Mental Welfare Officer

WALTER DAVIES

Health Education Officer

PETER M. ENGLAND

Public Analyst

ERIC R.W. FOGDEN, B.Sc., F.R.I.C.

DISTRICT MEDICAL OFFICERS OF HEALTH

<i>District</i>	<i>Name</i>	<i>Qualifications</i>	<i>Address</i>
<i>URBAN</i>			
Alford	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Alford
Barton-upon-Humber	J.S. Robertson	M.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.	50, Holydyke, Barton-upon-Humber
Brigg	J.S. Robertson	M.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.	Council Offices, Town Hall, Brigg
Cleethorpes Borough	J.M.B. Carr	M.B., Ch.B., D.P.H.	Health Dept., Council House, Cleethorpes
Gainsborough ...	W.C. Ward	M.B., B.Ch., B.A.O., D.P.H.	The Guildhall, Gainsborough
Horncastle	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Louth Borough ...	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Health Department, Town Hall, Louth
Mablethorpe & Sutton	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Mablethorpe
Market Rasen ...	J.M.B. Carr	M.B., Ch.B., D.P.H.	Council Offices, Market Rasen
Scunthorpe Borough	S. Childs	M.A., M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., D.P.A., D.T.M. & H.	Health Dept., Comforts Avenue, Scunthorpe
Skegness	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	The Clinic, Cecil Avenue, Skegness
Woodhall Spa ...	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Woodhall Spa
<i>RURAL</i>			
Caistor	J.M.B. Carr	M.B., Ch.B., D.P.H.	Council Offices, Caistor
Gainsborough ...	W.C. Ward	M.B., B.Ch., B.A.O., D.P.H.	26, Spital Terrace, Gainsborough
Glanford Brigg ...	J.S. Robertson	M.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.	Council Offices, Bigby Street, Brigg
Grimsby	J.M.B. Carr	M.B., Ch.B., D.P.H.	Council Offices, Immingham
Horncastle	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Isle of Axholme ...	W.C. Ward	M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Epworth, Doncaster
Louth	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Cannon Street, Louth
Spilsby	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Toynton All Saints, Spilsby
Welton	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, 10, Park Street, Lincoln

VITAL STATISTICS

Registrar General's estimated mid-year population	...	...	...	...	...	...	...	...	363,950
Live births	...	...	...	...	...	...	...	...	6,526
Live birth rate per 1,000 population	...	...	...	...	...	...	...	...	17.93
Illegitimate live births per cent. of total live births	...	...	...	...	...	...	...	...	7.86
Still-births	...	...	...	...	...	...	...	...	108
Still-births rate per 1,000 total live and still-births	...	...	...	...	...	...	...	...	16.23
Total live and still-births	...	...	...	...	...	...	...	...	6,634
Infant deaths	...	...	...	...	...	...	...	...	127
Infant mortality rate per 1,000 live births — total	...	...	...	...	...	...	...	...	19.46
Infant mortality rate per 1,000 live births — legitimate	...	...	...	...	...	...	...	...	19.96
Infant mortality rate per 1,000 live births — illegitimate	...	...	...	...	...	...	...	...	13.64
Neo-natal mortality rate per 1,000 total live births (deaths in first four weeks)	...	...	...	...	...	...	...	...	13.64
Early neo-natal mortality rate per 1,000 total live births (deaths in first week)	...	...	...	...	...	...	...	...	12.09
Perinatal mortality rate (still-births and early neo-natal births)	...	...	...	...	...	...	...	...	28.19
Maternal deaths (including abortion)	...	...	...	...	...	...	...	...	2
Maternal mortality rate per 1,000 total live and still-births	...	...	...	...	...	...	...	...	0.30
Deaths from all causes	...	...	...	...	...	...	...	...	4,145
Death rate per 1,000 population	...	...	...	...	...	...	...	...	11.39
Deaths from tuberculosis — pulmonary	...	...	...	...	...	...	...	...	6
Deaths from tuberculosis — pulmonary — rate per 1,000 population	...	...	...	...	...	...	...	...	0.016
Deaths from tuberculosis — other forms	...	...	...	...	...	...	...	...	3
Deaths from tuberculosis — other forms — rate per 1,000 population	...	...	...	...	...	...	...	...	0.0082
Deaths from cancer	...	...	...	...	...	...	...	...	799
Deaths from cancer — rate per 1,000 population	...	...	...	...	...	...	...	...	2.19

The birth and death rates for the County as adjusted by the area comparability factor and, for purposes of comparison, for England and Wales are given below:—

				<i>Live births rate for 1,000 population</i>	<i>Death rate for 1,000 population</i>
England and Wales	...	...		16.9	11.9
Lindsey	...	...	...	18.5	11.5

Live Births 1968

<i>Districts</i>	<i>Total Births</i>	<i>Legitimate</i>		<i>Illegitimate</i>	
Urban		<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>
Alford	44	16	25	2	1
Barton-upon-Humber ...	102	49	45	5	3
Brigg	78	35	34	5	4
Cleethorpes Borough ...	654	285	288	40	41
Gainsborough	348	172	159	6	11
Horncastle	61	30	25	1	5
Louth Borough	211	100	93	10	8
Mablethorpe and Sutton	69	29	34	4	2
Market Rasen	29	13	15	—	1
Scunthorpe Borough ...	1,320	590	588	71	71
Skegness	153	76	59	10	8
Woodhall Spa	28	16	10	2	—
Aggregate Urban Districts	3,097	1,411	1,375	156	155
Rural					
Caistor	214	102	99	5	8
Gainsborough	250	125	111	5	9
Glanford Brigg	882	408	429	26	19
Grimsby	639	294	300	21	24
Horncastle	193	101	82	6	4
Isle of Axholme	213	105	91	8	9
Louth	321	156	146	8	11
Spilsby	288	141	126	13	8
Welton	429	212	199	8	10
Aggregate Rural Districts	3,429	1,644	1,583	100	102
Whole County	6,526	3,055	2,958	256	257
<i>Still Births 1968</i>					
<i>Districts</i>	<i>Total Births</i>	<i>Legitimate</i>		<i>Illegitimate</i>	
Urban		<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>
Alford	—	—	—	—	—
Barton-upon-Humber ...	4	1	3	—	—
Brigg	—	—	—	—	—
Cleethorpes Borough ...	6	3	2	—	1
Gainsborough	8	5	2	1	—
Horncastle	1	1	—	—	—
Louth Borough	2	1	1	—	—
Mablethorpe and Sutton	1	—	1	—	—
Market Rasen	1	—	1	—	—
Scunthorpe Borough ...	28	18	8	1	1
Skegness	5	3	1	—	1
Woodhall Spa	—	—	—	—	—
Aggregate Urban Districts	56	32	19	2	3
Rural					
Caistor	1	—	—	—	1
Gainsborough	4	1	3	—	—
Glanford Brigg	16	11	5	—	—
Grimsby	11	3	6	—	2
Horncastle	2	1	1	—	—
Isle of Axholme	4	3	1	—	—
Louth	5	3	2	—	—
Spilsby	5	2	3	—	—
Welton	4	2	2	—	—
Aggregate Rural Districts	52	26	23	—	3
Whole County	108	58	42	2	6

Premature Births, 1968
(as adjusted by any notifications transferred in or out of the area)

Weight at birth					Premature live births								Prem- ature still- births	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1. 2 lb. 3 oz. or less	16	16	—	—	—	—	—	—	—	—	—	—	17	—
2. Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	45	17	8	—	—	—	—	—	1	—	—	—	10	—
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	65	11	2	—	—	—	—	—	3	—	—	—	16	2
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	85	—	2	—	—	—	—	—	4	—	—	1	9	1
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	163	2	2	—	7	—	—	—	1	—	—	—	9	1
6. TOTAL	374	46	14	—	7	—	—	—	9	—	—	1	61	4

Causes of all deaths in the County at different ages, 1968

<i>Causes of death</i>		<i>Under 4 weeks</i>	<i>4 weeks and under 1 year</i>	<i>1—</i>	<i>5—</i>	<i>15—</i>	<i>25—</i>	<i>35—</i>	<i>45—</i>	<i>55—</i>	<i>65—</i>	<i>75 and over</i>	<i>Total</i>
B.1	Cholera	—	—	—	—	—	—	—	—	—	—	—	—
B.2	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—
B.3	Bacillary dysentery and amoebiasis	—	—	—	—	—	—	—	—	—	—	—	—
B.4	Enteritis and other diarrhoeal diseases	—	4	—	—	—	—	—	—	—	—	—	4
B.5	Tuberculosis of respiratory system	—	—	—	—	—	—	1	—	3	2	—	6
B.6	Other tuberculosis, incl. late effects	—	—	—	—	—	—	—	1	1	1	—	3
B.7	Plague	—	—	—	—	—	—	—	—	—	—	—	—
B.8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
B.9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—
B.10	Streptococcal sore throat and scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—
B.11	Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
B.12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
B.13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
B.14	Measles	—	—	—	—	—	—	—	—	—	—	—	—
B.15	Typhus and other rickettsioses ...	—	—	—	—	—	—	—	—	—	—	—	—
B.16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—
B.17	Syphilis and its sequelae	—	—	—	—	—	—	—	1	—	3	—	4
B.18	All other infective and parasitic diseases	—	1	1	1	—	—	1	2	3	1	3	14
B.19(1)	Malignant neoplasm — stomach ...	—	—	—	—	—	—	4	7	16	23	31	81
B.19(2)	Malignant neoplasm — lung, bronchus	—	—	—	—	—	2	3	20	68	71	22	186
B.19(3)	Malignant neoplasm — breast ...	—	—	—	—	—	3	5	11	19	20	10	68
B.19(4)	Malignant neoplasm — uterus ...	—	—	—	—	—	—	—	8	5	9	3	25
B.19(5)	Leukaemia	—	—	1	3	—	2	1	6	7	11	5	36
B.19(6)	Other malignant neoplasms, including neoplasms of lymphatic and haemato- poietic tissue	—	—	2	2	4	5	7	36	94	118	135	403
B.20	Benign neoplasms and neoplasms of unspecified nature	—	—	—	1	—	—	1	3	—	2	2	9
B.21	Diabetes mellitus	—	—	1	—	—	—	—	1	8	9	7	26
B.22	Avitaminoses and other nutritional deficiency	—	1	—	—	—	—	—	—	—	2	1	4
B.46(1)	Other endocrine, nutritional and metabolic diseases	1	1	2	1	—	—	—	1	3	3	2	14
B.23	Anaemias	—	—	1	—	—	—	—	1	—	2	9	13
B.46(2)	Other diseases of blood and blood-forming organs	—	—	—	—	—	—	—	—	—	—	—	—
B.46(3)	Mental disorders	—	—	—	1	—	—	—	—	1	—	3	5
B.24	Meningitis	—	—	1	—	—	—	—	—	1	—	—	2
B.46(4)	Other diseases of nervous system and sense organs	1	—	1	4	—	1	3	4	4	9	14	41
B.25	Active rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—

Continued on opposite page

Causes of all deaths in the County at different ages, 1968 (Cont'd.)

Causes of death		Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	Total
B.26	Chronic rheumatic heart disease	—	—	—	—	1	2	2	8	8	11	8	40
B.27	Hypertensive disease ...	—	—	—	—	1	—	—	3	17	27	40	88
B.28	Ischaemic heart disease ...	—	—	—	—	—	1	17	51	179	295	434	977
B.29	Other forms of heart disease ...	—	—	—	1	—	1	—	8	11	57	204	282
B.30	Cerebrovascular disease ...	—	—	—	—	1	1	6	11	66	151	363	599
B.46 (5)	Other diseases of the circulatory system ...	—	—	—	—	1	—	2	7	12	38	105	165
B.31	Influenza ...	—	2	—	—	—	—	—	—	4	9	36	51
B.32	Pneumonia ...	1	7	5	—	1	—	2	5	9	37	143	210
B.33 (1)	Bronchitis, emphysema ...	—	1	—	—	—	—	1	5	28	62	78	175
B.33 (2)	Asthma ...	—	—	1	1	—	—	1	2	2	3	1	11
B.46 (6)	Other diseases of the respiratory system ...	—	8	1	—	—	—	1	2	4	9	29	54
B.34	Peptic ulcer ...	—	—	—	—	—	—	—	3	6	11	12	32
B.35	Appendicitis ...	—	—	1	—	—	—	—	—	—	2	—	3
B.36	Intestinal obstruction and hernia	2	1	—	—	—	—	—	2	3	5	7	20
B.37	Cirrhosis of liver ...	—	—	—	—	—	—	—	4	2	3	2	11
B.46 (7)	Other diseases of the digestive system ...	—	—	1	—	—	—	1	3	6	9	22	42
B.38	Nephritis and nephrosis ...	—	—	—	—	—	1	1	2	2	7	5	18
B.39	Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	2	4	8	14
B.46 (8)	Other diseases of the genito-urinary system ...	—	—	—	—	—	1	—	1	6	10	20	38
B.40	Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—
B.41	Other complications of pregnancy, childbirth and puerperium ...	—	—	—	—	—	1	—	1	—	—	—	2
B.46 (9)	Diseases of the skin and subcutaneous tissue ...	—	—	—	1	—	—	—	—	—	1	1	3
B.46 (10)	Diseases of the musculo-skeletal system and connective tissue	—	—	—	—	—	—	—	—	3	3	5	11
B.42	Congenital anomalies ...	17	8	4	5	2	—	2	—	—	—	1	39
B.43	Birth injury, difficult labour, and other anoxic and hypoxic con- ditions ...	21	—	—	—	—	—	—	—	—	—	—	21
B.44	Other causes of perinatal mortality	46	—	—	—	—	—	—	—	—	—	—	46
B.45	Symptoms and ill-defined conditions	—	—	—	—	—	—	—	1	1	—	61	63
BE.47	Motor vehicle accidents ...	—	—	1	3	20	5	3	7	13	9	4	65
BE.48	All other accidents ...	—	4	1	2	5	5	2	8	7	9	28	71
BE.49	Suicide and self-inflicted injuries	—	—	—	—	2	3	6	6	10	6	4	37
BE.50	All other external causes ...	—	—	—	—	1	1	1	2	3	2	3	13
TOTAL ...		89	38	25	26	40	35	74	244	637	1,066	1,871	4,145

CARE OF MOTHERS AND YOUNG CHILDREN

GENERAL

In 1968 a new clinic was built and opened at Keadby as the previous rented premises were most unsuitable. Because of difficulties in obtaining a suitable site in this area, the clinic was much delayed.

This year also saw the advent of health centres to the county with three purpose built centres at Welton, Winterton and Saxilby. These new buildings are much appreciated by both doctors and patients and greatly add to the amenities and attractions of the villages concerned.

CARE OF UNMARRIED MOTHERS

Miss P. Hartley the Organising Secretary to the Board for Social Work of the Diocese of Lincoln, submits the following report:—

During 1968 the number of new cases referred from the Lindsey area to the caseworkers employed by the Board was 379, a rise of 19 in comparison with 1967.

In addition, there were 141 cases from previous years still in touch, making a total caseload for Lindsey of 520, which is one less than in 1967.

More mothers are arranging their confinements in hospital and requiring foster-parents for their child prior to more permanent plans being made. In 1968, 61 babies were fostered in this way, 12 more than in 1967. Only 20 mothers were admitted to a Mother and Baby Home against 26 in 1967.

The number of unmarried parents showed a slight increase of 29. Thirteen mothers and 2 putative fathers were under 16 years of age.

A large part of the casework service includes the interviewing and counselling of putative fathers, and often the parents of both parties, who have their particular needs and decisions to be faced alongside those of the mother and her child. Once confinement plans are made, and perhaps material aid given, comes the time when emotional needs can be faced, and caseworker and client can look at these together: this is where the real work of rehabilitation and an attempt to heal may take place.

New Referrals

	1967	1968
Unmarried mothers	172	201
Family problems (married woman having illegitimate child)	38	27
Adopters applications	141	135
Matrimonial problems	6	10
Preventive cases	3	6
	360	379

Babies placed for adoption in Lindsey

73

Cont'd...

The new applications, apart from adopters, were referred as follows :—

Doctors	90
Health Visitors and Midwives	30

The other cases were referred by friends or by their own approach. These figures exclude adoption referrals. It will be seen that approximately 50% are referred by doctors, health visitors and midwives.

Unmarried parents

4 mothers were aged 14
9 mothers were aged 15
1 putative father was aged 14
1 putative father was aged 15

Confinement arrangements

Admission to voluntary mother and baby homes	20
Family placings	8
Hospital confinement	122
Home confinement	2
Born in ambulance	1
Voluntary maternity home	10
Miscarriage	1
Died before 14 days	1
Babies placed in foster homes when their mother was discharged from hospital until plans for adoption or keeping were made	61
Mothers helped materially with clothes, cots or prams	53

Future of children born before the end of 1968

Mother keeping	64
Placed for adoption	49
L.A. or voluntary children's home	7
Other plans	4
Decision pending	13
Not yet born	50
Moved away	12
Miscarriage	1
Died	1
	201

CHILD HEALTH

Child Health Clinics

There has been a substantial increase in the number of attendances at the local health authority clinics during the year, rising from 11,902 attendances in 1967 to 13,158 in 1968.

Cont'd...

In Welton the increase in total attendances rose from 682 in 1967 to 958. This probably reflects the popularity of an attractive purpose built health centre, as the total number of individuals attending did not greatly alter. As Welton is a growing village further increases can be expected.

Travel facilities are provided for the child health clinics at Belton, Coningsby, Crowle, Friskney, Haxey, Keadby and Sibsey, and 1,278 attendances were supported by these means.

The following table provide details of this service.

CLINIC TRANSPORT – 1968

<i>Child Health Clinic</i>	<i>Villages served en route</i>	<i>Attendances</i>	<i>No. of journeys</i>	<i>Average Attendance</i>
Belton	West Butterwick and Beltoft	112	12	9
Coningsby	Mareham-le-Fen, Wood Enderby, Tumby Woodside	163	12	13
	New York, Scrub Hill and Hawthorn Hill	166	13	13
Crowle	Garthorpe, Luddington and Eastoft	74	10	7
Friskney	New Leake, Eastville, and Midville	245	12	20
Haxey	Wroot and Westwoodside	85	11	8
Keadby	Burringham, Gunness and East Butterwick	159	24	6
Sibsey	Stickford, Stickney and Frithville	120	12	10
	New Bolingbroke, Antons Gowt, Gipsy Bridge and Carrington	154	11	14
TOTAL		1,278	117	11

Babies 'at risk'

Babies who require special surveillance because of special conditions surrounding their birth or pre or post-natal environment are specially registered and are supervised at child health clinics or at home until such time as a defect can be established and treated, or the child can be cleared of any risk.

More than two thousand children were seen during the year in Lindsey and by December, 1968 an accumulated total of 2,031 babies were still on the register. In due course a large proportion of these will undoubtedly be declared healthy and free of any defects.

(Cont'd...)

At the end of 1968 the position was as follows :—

Lindsey (excluding Borough of Scunthorpe)

Number of children on register at end of 1967	2,019
Number of children added to register during 1968	1,365
Number of children examined during year	2,095
Number cleared of defects	1,353
Number still under observation	742
Number yet to be examined	1,289
Number on register at end of 1968	2,031

Lindsey (Borough of Scunthorpe only)

Number of children on register at end of 1968	660
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Toddlers Clinics

Of necessity it takes more time to examine a toddler than to examine a young baby. Because of this, at the busier centres special appointment sessions are arranged in order to completely examine and make a sound physical and mental developmental assessment of these young people in order to correct any defect or deviation from normal which might be observed. A biannual assessment in the environs of the clinic of every pre-school child would be the ideal, but until medical staff become more freely available and more permanent, this will remain unattainable. The prospects of recruiting more doctors to this type of work appears, at the moment, to be pretty poor.

The following table refers to those children specially seen by appointment at toddlers clinics and does not include those toddlers seen at child health sessions.

<i>Clinic</i>	<i>Total attendance</i>	<i>No. of sessions</i>	<i>Average attendance</i>
Barton-upon-Humber	249	19	13
Brigg	192	27	7
Broughton	85	12	7
Cleethorpes	605	53	11
Coningsby	106	11	10
Gainsborough (Spital Terrace)	154	19	8
Horncastle	176	20	9
Humberston	203	21	10
Immingham	275	22	13
Laceby	182	24	8
Louth	154	21	7
Mablethorpe	109	22	5
Market Rasen	28	5	6
New Waltham	196	22	9
Skegness	209	21	10
Waltham	74	10	7
	2,997	329	9
<i>Scunthorpe</i>			
Ashby	199	24	8
Parkinson Avenue	128	20	6
Riddings	207	25	8
TOTAL	3,531	398	9

Summary of defects found at the examination of toddlers :—

Defect					Referred for treatment	For observation but not requiring treatment
Cleanliness	...	...	...	...	—	4
Infestation	Head	...	...	...	—	—
	Body	...	...	...	—	—
Teeth	...	...	...	...	9	130
Skin	...	...	...	...	15	223
Eyes	(a) Vision	...	...	...	11	8
	(b) Squint	...	...	...	46	71
	(c) Other	...	...	...	3	20
Ears	(a) Hearing	...	...	...	7	41
	(b) Otitis Media Rt.	...	...	...	8	59
	" " Lt.	...	...	...	2	66
	(c) Other	...	...	...	2	11
Nose and Throat	...	...	...	...	6	82
Speech	...	...	...	...	6	111
Lymphatic Glands	...	...	...	...	1	23
Heart and Circulation	...	...	...	...	14	56
Lungs	...	...	...	...	1	46
Development	(a) Hernia	...	...	...	3	25
	(b) Other	...	...	...	3	42
Orthopaedic	(a) Posture	...	...	...	3	9
	(b) Feet	...	...	...	4	171
	(c) Other	...	...	...	6	90
Nervous System	(a) Epilepsy	...	...	...	1	8
	(b) Other	...	...	...	—	10
Psychological	(a) Development	...	...	...	1	57
	(b) Stability	...	...	...	3	91
Abdomen...	...	...	...	...	3	28
Other defects or diseases	...	...	...	...	10	80
TOTAL					168	1,558

Immunisation Clinics

In May, measles immunisation was begun in the 4—7 year age group. Later on all ages from 1—16 were included. The following table shows that at the special immunisation clinics 370 children were protected, but at other clinics and in family doctors surgeries a total of 4,412 children under 5 years were immunised.

Clinic	Poliomyelitis	Smallpox	Immunisation	Measles	Total	No. of Sessions	Average
Barton	340	45	340	134	1859	13	66
Cleethorpes	444	2	524	220	1,190	29	41
Gainsborough (Spital Terrace)	172	25	219	16	432	11	39
TOTAL	956	72	1,083	370	2,481	53	47

Infants attending Child Health Clinics during 1968

Centres	No. under one at first attend- ance	Number of children attending during year who were born in:			Total number who attended during year	Number of attendances during year made by children who, at the date of attendance, were:			Total attend- ance during the year	Number of sessions held	Average attend- ance at each session (per session)	Number seen by doctor for consult- ation
		1968	1967	1966-63		Under 1 year	1 but under 2	2 but under 5				
Bardney	11	7	19	26	52	149	53	69	271	23	12	65
Barnetby	13	16	25	47	88	183	152	208	543	24	23	228
Barrow-on-Humber	31	30	32	57	119	286	122	216	624	24	26	306
Barton-on-Humber	111	98	118	55	271	1,479	471	46	1,996	52	38	455
Belton	23	21	19	19	59	199	74	73	346	24	14	39
Binbrook R.A.F. ...	55	48	56	34	138	538	145	84	767	24	32	280
Bottesford	30	25	39	17	81	291	130	113	534	24	22	284
Brigg	89	89	81	49	219	1,442	733	258	2,433	50	49	719
Broughton	40	38	34	20	92	512	101	70	683	23	30	209
Burton Stather ...	53	48	35	25	108	354	138	97	589	21	28	217
Cherry Willingham	81	61	75	102	238	863	182	141	1,186	51	23	246
Cleethorpes	385	330	269	97	696	3,320	391	64	3,775	102	37	1,166
Coningsby	68	82	82	140	304	846	292	417	1,555	50	31	676
Crowle	49	40	41	17	98	405	159	134	698	24	29	297
East Halton	19	14	17	32	63	170	75	124	369	24	15	230
Epworth	29	25	28	38	91	270	104	88	462	23	20	218
Friskney	22	17	35	43	95	327	170	262	759	24	32	257
Gainsborough (Spital Terrace)	204	182	138	128	448	1,812	384	473	2,669	51	52	354
Gainsborough (Woods Terrace)	97	84	83	77	244	1,371	216	398	1,985	50	40	214
Goxhill	24	24	20	56	100	311	98	213	622	24	26	355
Grainthorpe	4	4	8	20	32	75	17	83	175	23	8	69
Haxey	42	37	42	49	128	360	128	137	625	23	26	293
Healing	39	33	46	89	168	501	176	278	955	51	19	215
Hemswell	42	38	47	17	102	363	81	24	468	24	19	114
Holton-le-Clay ...	38	33	45	58	136	364	109	105	578	24	24	344
Horncastle	112	90	94	72	256	992	276	220	1,488	51	29	361
Humberston	136	112	107	71	290	1,499	188	96	1,783	53	34	453
Immingham	264	206	175	77	458	2,969	422	352	3,743	63	59	1,215
Keadby	58	42	67	29	138	863	348	232	1,443	53	27	486
Keelby	22	21	17	24	62	211	113	116	440	24	18	134
Kirton Lindsey ...	57	50	39	63	152	414	146	139	699	24	29	299
Laceby	55	51	42	61	154	982	197	397	1,576	51	31	545
Louth	141	151	121	156	428	1,666	459	462	2,587	104	25	1,347
Mablethorpe	76	64	94	79	237	1,071	258	223	1,552	51	30	362
Manby	39	31	43	43	117	346	85	85	516	24	22	216
Market Rasen ...	84	68	65	125	258	762	340	367	1,469	53	28	487
Messingham	54	48	40	73	161	1,143	202	185	1,530	53	29	388
Nettleham	63	54	54	85	193	695	291	167	1,153	36	32	244
New Holland	22	21	22	48	91	226	92	125	443	21	21	230
New Waltham	80	61	83	57	201	1,102	224	131	1,457	51	29	723
North Coates	27	27	15	30	72	217	67	127	411	21	20	186
North Somercotes	21	21	20	47	88	173	71	134	378	24	16	159
Saxilby	51	47	70	102	219	505	179	141	825	22	38	339
Scotter	60	51	42	37	130	538	79	69	686	24	29	279
Sibsey	31	22	30	64	116	282	197	241	720	23	31	232
Skegness	160	137	128	47	312	2,211	273	211	2,695	101	27	628
South Killingholme	36	26	35	58	119	387	115	227	729	23	32	381
Spilsby	52	49	42	55	146	405	132	128	665	25	27	160
Sturton-by-Stow ...	30	27	21	47	95	233	97	130	460	24	19	149
Tetney	30	22	22	53	97	285	122	126	533	23	23	285
Ulceby	17	13	23	46	82	150	116	123	389	23	17	201
Wainfleet	36	24	27	47	98	402	178	188	768	24	32	223
Waltham	107	90	90	145	325	1,359	184	190	1,733	50	39	707
Welton	81	72	47	29	148	773	136	49	958	35	27	233
Winteringham ...	15	14	17	35	66	200	69	135	404	23	18	148
Winterton	68	60	39	34	133	718	139	108	965	24	40	279
Woodhall Spa ...	27	36	25	43	104	282	65	133	480	24	20	215
Wragby	15	12	8	29	49	118	89	58	265	24	11	54
Total	3,726	3,244	3,198	3,323	9,765	40,970	10,650	9,990	61,610	2,106	29	20,298
Scunthorpe												
Ashby	442	398	311	339	1,048	6,812	1,352	552	8,716	182	48	1,189
* Brumby	38	38	20	14	72	222	49	65	336	14	24	55
Berkeley	120	105	94	63	262	2,571	386	169	3,126	51	61	275
Parkinson Ave. ...	389	349	240	210	799	4,792	511	331	5,634	155	36	980
Riddings	299	267	255	292	814	4,970	646	450	6,066	146	50	876
Westcliff	169	161	149	88	398	3,119	571	462	4,152	104	40	547
TOTAL	5,183	4,562	4,267	4,329	13,158	63,456	14,165	12,019	89,640	2,758	33	24,220

* Brumby Clinic opened 10.6.68

CONGENITAL DEFECTS

There were 147 separate congenital defects notified which were apparent at birth and a further 17 defects were recognised at a later date. In many cases several defects appear in the same child, so that the total number of children born with congenital defects will not correspond with the total number of abnormalities found. Some of the defects listed are of minor importance, whereas others will necessitate numerous operations in order to promote reasonable function, some will require life-long care and supervision of one kind or another.

<i>Congenital Malformation</i>							<i>Number detected at birth</i>	<i>Number detected after birth</i>
Anencephalus ...	...	...	...	...	...	...	15	—
Hydrocephalus	...	...	...	...	...	...	5	—
Spina Bifida ...	...	...	...	...	...	...	12	—
Microcephalus	...	...	...	...	...	...	1	—
Other specified malformations of brain or spinal cord ...	...	...	...	...	...	...	1	—
Corneal Opacity	...	...	...	...	...	...	1	—
Accessory Auricle	...	...	...	...	...	...	1	—
Defects of Ear (Unspecified)	...	...	...	...	...	...	2	—
Cleft Lip	...	...	...	...	...	...	6	1
Cleft Palate	...	...	...	...	...	...	6	2
Rectal and Anal Atresia	...	...	...	...	...	...	2	—
Other Defects of Alimentary System	...	...	...	...	...	...	2	1
Unspecified Defects of Alimentary System	...	...	...	...	...	...	—	2
Congenital Heart Disease (unspecified)	...	...	...	...	...	...	4	7
Interventricular Septal Defect	...	...	...	...	...	...	1	—
Other defects of Heart and Great Vessels	...	...	...	...	...	...	—	1
Defects of Diaphragm	...	...	...	...	...	...	2	—
Hypospadias, epispadias	...	...	...	...	...	...	7	—
Other defects of Male Genitalia	...	...	...	...	...	...	4	—
Defects of Female Genitalia	...	...	...	...	...	...	1	—
Polydactyly	...	...	...	...	...	...	6	—
Syndactyly	...	...	...	...	...	...	1	—
Dislocation of Hip	...	...	...	...	...	...	4	2
Talipes ...	...	...	...	...	...	...	26	—
Defects of Upper Limb (unspecified)	...	...	...	...	...	...	1	—
Defects of Lower Limb (unspecified)	...	...	...	...	...	...	3	—
Other Defects of Hand	...	...	...	...	...	...	4	—
Defects of Skull and Face	...	...	...	...	...	...	4	—
Defects of Muscles	...	...	...	...	...	...	1	—
Other Defects of Face and Neck	...	...	...	...	...	...	2	—
Vascular defects of Skin, Subcutaneous Tissues and mucous membranes (including lymphatic defects)	...	...	...	...	...	...	6	1
Exomphalos and Omphalocele	...	...	...	...	...	...	2	—
Mongolism	...	...	...	...	...	...	7	—
Other	...	...	...	...	...	...	7	—
TOTAL ...							147	17

SPINA BIFIDA AND HYDROCEPHALUS

Although these two conditions may occur as separate entities, they occur so often in combination that for the purposes of this report it is better that they are treated under one heading.

In the past few years the lives of an increasing number of babies with spina bifida have been saved by skilled surgery within the first few hours of birth and by the control of infection. As more special centres for the care of these babies are established it is likely that the number surviving will continue to rise. Indeed that fact is the cause of this condition being reported here as a special section. Although many of the children will be able to cope with life in ordinary schools since early surgery may ensure a reasonable level of function, it is probable that there will be a considerable increase in the number needing education in special schools. There are now more of these children in the special schools than at any time in the past and admission is being sought for them at an earlier age.

During 1968, 16 new cases were added to the register and in addition there were 5 still-born babies with this condition.

The register shows the following increases :—

1963	9
1964	6
1965	5
1966	8
1967	8
1968	16

The following table illustrates the position:—

Number of cases on register on 31st December 1967	47
Number of new cases referred in 1968	16
Number of children who died in 1968	1
Number of children who left County in 1968	2
Number of cases on the register at 31st December 1968	60
Number of cases seen by S.M.O.	47
Number of cases awaiting examination	13
Number classified as physically handicapped	31
Number not handicapped	3
Number under review and of doubtful handicap	13

Of the 47 cases seen

- 15 are at special schools
- 9 are at ordinary schools
- 23 are under school age

Of the 23 under school age

- 7 are physically handicapped
- 13 are doubtful and under continuous supervision
- 3 are not handicapped

WELFARE FOODS

During the year 1968 the welfare foods distribution points at Hogsthorpe, Mareham le Fen, Saltfleet, Tealby and Thornton Curtis were closed due to fall off in demand.

At the end of the year there were 115 distribution points in operation, 63 in conjunction with the County Council's Child Health Clinic and 52 in W.R.V.S. premises, Womens Institutes, shops and distributors' own homes.

Paid staff are employed at 16 centres only, the remainder being staffed by voluntary workers.

During the year 1968, 57,488 tins of National Dried Milk, 4,525 bottles of Cod Liver Oil, 3,767 packets of Vitamin A & D tablets and 59,725 bottles of Orange Juice were issued.

The decline in the take up of welfare foods continues and the following table shows the average weekly issues of welfare foods since the County Council took over responsibility for the distribution of the foods in 1954.

				<i>Average weekly issues</i>			
<i>Period</i>				<i>N.D.M.</i>	<i>C.L.O.</i>	<i>A. & D.</i>	<i>O.J.</i>
28/6/54 to 5/4/57	...			3,701 @ 10½d	635 - Free	251 - Free	3,502 @ 5d
6/4/57 to 31/5/61	...			1,686 @ 2/4d	317 - Free	232 - Free	2,433 @ 5d
6 months ended 31/12/61				1,413 @ 2/4d	84 @ 1/-d	120 @ 6d	691 @ 1/6d
Year 1962	...	...	...	1,474 @ 2/4d	98 @ 1/-d	122 @ 6d	829 @ 1/6d
Year 1963	...	...	...	1,367 @ 2/4d	95 @ 1/-d	111 @ 6d	936 @ 1/6d
Year 1964	...	...	...	1,334 @ 2/4d	101 @ 1/-d	113 @ 6d	1,011 @ 1/6d
Year 1965	...	...	...	1,199 @ 2/4d	103 @ 1/-d	105 @ 6d	1,053 @ 1/6d
Year 1966	...	...	...	1,046 @ 2/4d	101 @ 1/-d	93 @ 6d	1,137 @ 1/6d
Year 1967	...	...	...	977 @ 2/4d	93 @ 1/-d	89 @ 6d	1,195 @ 1/6d
Year 1968	...	...	...	1,107 @ 2/4d	87 @ 1/-d	53 @ 6d	1,149 @ 1/6d

DENTAL CARE

The end of 1968 sees Lindsey with the highest number of staff in post than ever before, with the prospect in the very near future of a full staff.

The limiting factor is now accommodation. The financial limitations faced by the local authority has caused the building programme formulated under the re-organisation scheme to be postponed.

One problem that is common throughout the country is the recruitment of three year old patients. Some authorities have tried sending third birthday cards with an invitation to attend the dental clinic. Almost without exception the response was very poor. Mr. Thompson whilst at Skegness approached these children via play groups and nurseries and received encouraging response. With the improved staffing position, where possible, this may well be extended. All too frequently the first inspection at school presents a picture of rampant caries necessitating radical extractions.

With Lincoln City Council now agreeing to the adjustment of the fluoride level in the water supply, it is hoped that before very long the benefits of this public health measure will be extended to most of the children in Lindsey.

The statistics for the year are given opposite.

A. Attendances and Treatment

Number of visits for treatment during year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit	419	144
Subsequent visits	296	385
Total visits	715	529
Number of additional courses of treatment other than the first course commenced during year	10	7
Treatment provided during the year - number of fillings ...	331	377
Teeth filled	285	336
Teeth extracted	506	318
General anaesthetics given	246	60
Emergency visits by patients	102	25
Patients X-Rayed	2	17
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	49	62
Teeth otherwise conserved	99	—
Teeth root filled	—	1
Inlays	—	2
Crowns	—	2
Number of courses of treatment completed during the year	316	99

B. Prosthetics

Patients supplied with F.U. or F.L. (first time)	20
Patients supplied with other dentures	18
Number of dentures supplied	57

C. Anaesthetics

General anaesthetics administered by Dental Officers	NIL
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D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given first inspections during year	A. 457	D. 134
Number of patients in A and D above who required treatment	B. 279	E. 123
Number of patients in B and E above who were offered treatment	C. 278	F. 122

E. Sessions

	For Treatment	For Health Education
Number of Dental Officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients	190	—

MIDWIFERY AND HOME NURSING

MIDWIFERY

<i>Year</i>	<i>Domiciliary births</i>	<i>Percentage of total births</i>	<i>Institutional births</i>	<i>Total births</i>
1964	1,816	26%	5,109	6,925
1965	1,283	23%	4,208	5,491
1966	1,090	20%	4,235	5,326
1967	932	18%	4,236	5,184
1968	810	16%	4,372	5,182
<i>These figures do not include the Borough of Scunthorpe</i>				

Although the downward trend in domiciliary midwifery has continued, the drop has been less than in previous years because of the increase of population in the Humber Bank Area.

While mothers retain the choice of having babies at home, the statutory responsibility remains with the local authority to employ midwives to attend them at home. We are now aware that many domiciliary midwives conduct fewer confinements than is ideal for a practising midwife, during 1968, 19 midwives employed in the County conducted less than 10 confinements. Because of the geographical area it is difficult to ensure an equitable distribution of cases.

Much consideration has been given to the course of action which might be followed in the future to create a service which would give satisfaction to all concerned. One suggestion is that there should be a unified service where domiciliary and hospital midwifery would be run together, therefore, putting the whole service under "one umbrella". Another that domiciliary midwives might serve both hospital and the district by either holding a "dual appointment" or follow a pattern already introduced in some other local authority areas, whereby the midwife takes her booked patient into hospital for the delivery of the baby, the mother and baby returning home shortly afterwards to be nursed by her own midwife, thus giving a continuity of care.

There is no doubt that in the near future re-orientation of domiciliary midwives duties must receive full consideration.

During 1968, 26 midwives worked at clinics, in general practitioners surgeries, assisting the doctors with ante-natal and post-natal sessions whether for hospital or home confinements.

Health education in the form of mothercraft and relaxation classes have continued to expand during the year. A considerable amount of health education is done both through mother attending these classes and also by individual visits to mothers at home who live in isolated areas and are unable to attend the classes.

A total of 779 mothers attended the classes during the year with 2,947 attendances. There are still a high percentage of mothers who do not receive this specialised teaching. More publicity is needed in general practitioners surgeries and hospitals to inform the hospital booked patients that these classes are available locally.

HOME NURSING

<i>Year</i>	<i>No. of patients nursed</i>	<i>Patients over 65</i>	<i>Total visits</i>
1964	4,487	2,546	136,343
1965	4,912	2,635	140,429
1966	5,883	3,328	142,418
1967	5,350	3,656	158,035
1968	5,925	3,723	157,860

These figures do not include the Borough of Scunthorpe

It is interesting to see in the above table that since 1964 the number of patients nursed at home has increased by 32% and that a very high proportion of patients still remain over 65 years.

When nursing the elderly sick at home it is our aim to get them well and mobile quickly so that they can remain happily in their own environment. During the District Nurse Training Course nurses are given instructions on simple physiotherapy which is valuable knowledge when rehabilitating the elderly after illness at home.

District Nurse Training

During 1968, 24 nurses and nurse midwives employed in the County successfully undertook a course of District Nurse Training. This in-service training covers a 12 week period during which the nurse continues to work on her own area, practical instruction in the form of advisory rounds are given by a nursing officer, one and a half days each week is given to study. The syllabus covers a wide range of subjects, lectures given by specialists on all aspects of district nursing. During the course visits are made to specialised hospital units, Training Centres etc. On the 27th June Miss L.J. Gray, Chief Nursing Officer, Queens Institute of District Nursing came to Lincoln to present the certificates and Queens badges to the nurses. This was rather a special occasion as the nurses were some of the last Queens Nurses to be trained, as during the month the Queens Institute of District Nursing ceased to participate in district training.

Also in 1968, 17 State Enrolled Nurses employed in the County were given a 10 week course of instruction. This training differs from that given to State Registered Nurses in its more practical application. The course is designed to give State Enrolled Nurses working on the district, under the overall supervision of the district nursing sister, a wider understanding of the principles and practice of nursing the sick in their own homes. The training is not as yet recognised nationally, but a certificate is awarded by the Queens Institute of District Nursing.

Surgery Nursing

During the year arrangements were made for 8 district nurses to work in general practitioners surgeries, attending to patients who are able to get to the surgeries for treatment. This gives an excellent opportunity for doctor and nurse to work together so giving an improved service to the patient. Appointments are made for the patients to attend the nurses surgeries which are held once or twice each week, according to the need. The work carried out in the surgeries includes giving of injections, dressing, taking samples of blood, cervical cytology, immunisations and assistance with minor surgery.

It is anticipated that in the future where there is adequate accommodation in general practitioners surgeries, this aspect of the district nurses work will develop.

During the year there has been 140 Surgery Nursing Sessions with 929 attendances.

Marie Curie Memorial Foundation Day and Night Nursing Service

This service was introduced in the County on the 1st August, 1968, to assist in the care of cancer patients nursed in their own home. The aim of the service is to give practical help to relatives at a time of great stress, so that they may have adequate 'rest periods' from the responsibilities of nursing, in addition to help with the care of those who live alone. During the first 5 months 7 patients received help in this way.

This Nursing Service is not part of the National Health Service, it is entirely supported through voluntary contribution to the Marie Curie Memorial Foundation. Lindsey County Council have for many years administered the Welfare grant scheme on behalf of the Foundation. Financial help is available for patients requiring assistance for such things as bedlinen, clothing, extra diets, fuel etc. During the year 10 patients received this form of help.

Liaison between Hospital and Domiciliary Staff

Quarterly meetings of hospital and domiciliary staff has continued in Louth during this year. The meetings held alternatively at the County Hospital and Health Clinic. The success of the meeting shows in the close liaison that now exists between hospital and district staff in the area. The meetings open an excellent opportunity to 'get to know one another' and valuable discussions take place on all aspects of work which resolve many problems.

HEALTH VISITING

On the 31st December, 1968 there were 34 whole-time, 10 part-time health visitors and 16 health visiting auxiliaries in post.

The first attachment of a health visitor to general practice commenced on the 1st August and by the end of the year our arrangements to introduce attachments in 5 other group practices were completed.

The word "attachment" is perhaps an unfortunate term; in my view the term "close liaison" would be far more relevant and may even avoid misunderstanding or, indeed, misinterpretation to those not familiar with the intention of the scheme.

Health visitors in the course of their duties have, for many years, worked alongside general practitioners in their area. To encourage a close liaison, the health visitor's case load is now being based on the families served by general practitioners instead of geographical areas. The scheme is aimed to improve facilities for two-way co-operation between family doctor and health visitor attached. The health visitor carries out her normal duties which concern all age groups of the community but all functions become more effective and purposeful, since the whole work is based on a much deeper insight into the needs of those served. The health visitor is accepted as a professional colleague and has a contribution to make to a more efficient working of the practices. Her work with the elderly, handicapped and those with social problems will certainly increase and she becomes an important link between the doctor and other agencies where there is a need to refer a patient to other officers qualified to deal with them.

Health Education

The health visitor is a key worker in preventive medicine; she uses her skills whenever the need arises, by giving talks to various organisations, group discussions with mothers during their visits to the health clinics and when paying home visits. More work is being carried out in schools, "Health Talks" are now being given to all age groups and it is hoped that this work will expand in the future. At the beginning of October 6 health visitors returned from training, all having been successful in passing the examination; 3 were appointed to the County and 3 to the Borough of Scunthorpe. During the same month 6 women, having previously been appointed as health visitor trainees, commenced training.

VACCINATION AND IMMUNISATION

MEASLES VACCINATION

During 1968 the Minister of Health, acting on a recommendation from the Joint Committee on Vaccination and Immunisation, asked local health authorities to conduct a measles vaccination campaign aimed at children who had not previously been protected either by immunisation or by an attack of the natural disease. It was recommended that vaccination should be by means of one dose of live attenuated measles virus vaccine, and it was hoped that younger children could be protected by the Autumn of 1968 when the next biennial epidemic of measles was expected.

Beginning with the younger children, a letter offering measles vaccination was sent to the parents of every known child in Lindsey between the ages of one and sixteen by the end of the year. The campaign was also publicised in the press and through health visitors and clinic posters and leaflets. As a result almost 9,000 Lindsey children had received measles vaccination by the end of the year and more were awaiting appointments early in the new year.

The impact appeared to be most favourable in that the incidence of measles fell markedly when compared with earlier years and there was no widespread epidemic.

In the future measles vaccination will be offered routinely to all children in their second year of life, an advancement in prophylaxis measures which, in my view, will help to save much misery and suffering from complications arising from measles, and eliminate the need for a great deal of medical time hitherto spent dealing with the disease.

Measles vaccinations carried out in 1968 — 8,955

SMALLPOX VACCINATION

*Vaccination and Re-vaccination
carried out during 1968*

<i>Age at date of vaccination</i>	<i>LINDSEY (Excluding Borough of Scunthorpe)</i>		<i>SCUNTHORPE M.B.</i>	
	<i>Number of persons vaccinated (or re-vaccinated during period)</i>		<i>Number of persons vaccinated (or re-vaccinated during period)</i>	
	<i>Number vaccinated</i>	<i>Number re-vaccinated</i>	<i>Number vaccinated</i>	<i>Number re-vaccinated</i>
0 — 3 months	155	—	—	—
3 — 6 months	9	—	1	—
6 — 9 months	1	—	3	—
9 — 12 months	1	—	3	—
1 year	1,485	—	292	—
2 — 4 years	427	38	238	—
5 — 15 years	140	122	41	36
TOTAL	2,218	160	578	36

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968

Table 1 – Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	LINDSEY (Excluding Borough of Scunthorpe)							SCUNTHORPE M.B.								
	Year of birth						Others under age 16	Total	Year of birth						Others under age 16	Total
	1961-64					1965			1961-64							
	1968	1967	1966	1965	1961-64				1968	1967	1966	1965	1961-64			
1. Quadruple DTPP	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Triple DTP	1,656	2,156	307	89	265	4,489	16	75	367	42	15	35	1	535		
3. Diphtheria/Pertussis	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Diphtheria/Tetanus	10	67	61	5	263	443	37	—	1	—	1	70	—	72		
5. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	1	—	1		
6. Pertussis	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Tetanus	—	—	1	—	10	204	193	2	4	3	4	13	90	116		
8. Salk	—	—	—	—	—	—	—	—	9	2	3	4	—	18		
9. Sabin	1,165	2,606	359	124	507	4,830	69	45	354	46	24	55	4	568		
10. Measles	22	1,263	1,590	1,298	3,741	8,164	250	3	68	88	80	541	11	791		
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	1,666	2,223	368	94	528	4,932	53	75	368	42	16	106	1	608		
12. Lines 1 + 2 + 3 + 6 (Whooping cough)	1,656	2,156	307	89	265	4,489	16	75	367	42	15	35	1	335		
13. Lines 1 + 2 + 4 + 7 (Tetanus)	1,666	2,223	369	94	538	5,136	246	77	372	45	20	118	91	723		
14. Lines 1 + 8 + 9 (Polio)	1,165	2,606	359	124	507	4,830	69	45	363	48	27	99	4	586		

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968 (Cont'd.)

Table 2 — Re-inforcing Doses - Number of persons under age 16

Type of vaccine or dose	LINDSEY (Excluding Borough of Scunthorpe)							SCUNTHORPE M.B.						
	Year of birth						Total	Others under age 16	Year of birth					Total
	Year of birth					1961-64								
	1968	1967	1966	1965	1961-64									
	1968	1967	1966	1965	1961-64	Others under age 16	Total	1968	1967	1966	1965	1961-64	Others under age 16	Total
1. Quadruple DTPP	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Triple DTP	—	759	2,376	455	1,412	46	5,048	—	24	67	21	194	8	314
3. Diphtheria/Pertussis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	43	138	44	2,838	215	3,268	1	4	19	9	782	20	835
5. Diphtheria	—	—	—	—	—	—	—	—	—	1	—	5	1	7
6. Pertussis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Tetanus	—	—	6	6	58	228	298	—	—	—	—	5	356	361
8. Salk	—	—	—	—	—	—	—	—	—	—	1	4	—	5
9. Sabin	—	382	1,035	205	3,473	153	5,248	2	29	70	18	786	623	1,528
10. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	—	802	2,514	499	4,240	261	8,316	1	28	87	30	981	29	1,156
12. Lines 1 + 2 + 3 + 6 (Whooping cough)	—	759	2,376	455	1,412	46	5,048	—	24	67	21	194	8	314
13. Lines 1 + 2 + 4 + 7 (Tetanus)	—	802	2,520	505	4,298	489	8,614	1	28	86	30	981	384	1,510
14. Lines 1 + 8 + 9 (Polio)	—	382	1,035	205	3,473	153	5,248	2	29	70	19	790	623	1,533

AMBULANCE SERVICE

This year has seen no significant new projects or undertakings. This does not suggest that the service has reached an ultimate peak of perfection and efficiency (although the figures presented do, once again, illustrate a marked increase in efficiency) but rather that again due to the economic situation, the expansion of training and other projects has had to stand deferred.

Recognition of the fact that the Ambulance Service is an important 'emergency' service on a par with the Police and Fire Services (particularly for those persons who place a high value on the saving of life) is becoming more and more evident. Discussions at national level are now taking place on the question of 'professional' recognition of the 'Ambulanceman'. National training schemes are, with the encouragement of the Ministry, developing quickly and significantly.

Table 1

<i>Station</i>	<i>Cases for admission to hospital</i>		<i>Cases for out-patient treatment</i>		<i>Discharged and transferred cases from hospitals etc.</i>		<i>Emergency cases</i>		<i>TOTALS</i>		
	<i>(1) Stretcher cases</i>	<i>(2) Sitting cases</i>	<i>(3) Stretcher cases</i>	<i>(4) Sitting cases</i>	<i>(5) Stretcher cases</i>	<i>(6) Sitting cases</i>	<i>(7) Stretcher cases</i>	<i>(8) Sitting cases</i>	<i>(9) Stretcher cases</i>	<i>(10) Sitting cases</i>	<i>(11) Total miles</i>
Scunthorpe	1,125	553	2,177	10,989	903	1,304	1,735	406	5,940	13,252	125,575
Barton	207	147	518	5,616	210	335	204	30	1,139	6,128	67,413
Brigg	286	100	1,400	4,448	350	325	417	33	2,453	4,906	64,781
Cleethorpes	509	233	1,730	7,364	687	701	1,628	395	4,554	8,693	101,488
Caistor	19	41	110	2,337	26	110	32	21	187	2,509	27,295
Immingham	151	52	1,523	2,269	215	179	595	69	2,484	2,569	50,807
Gainsborough	452	259	1,782	10,296	399	551	665	130	3,298	11,236	107,276
Epworth	82	168	250	3,230	79	252	65	12	476	3,662	41,534
Louth	475	207	1,094	11,590	433	447	781	90	2,783	12,334	134,424
Mablethorpe	182	144	354	6,370	190	189	319	51	1,045	6,754	69,533
Market Rasen	172	114	955	5,310	135	171	281	53	1,543	5,648	68,432
Skegness	357	234	622	12,598	314	792	799	94	2,092	13,718	158,330
Horncastle	184	146	528	5,232	84	203	286	36	1,082	5,617	77,685
Spilsby	126	53	285	2,692	75	96	57	16	543	2,857	35,817
TOTALS	4,327	2,451	13,328	90,341	4,100	5,655	7,864	1,436	29,619	99,883	1,130,390

These figures illustrate again a large increase in stretcher patients, about 11% involving the use of two man crews, whilst sitting patients conveyed by ambulance have dropped by about 2%. These statistics are very similar to last year's figures and inevitably without any increase in staff or vehicles the increase in demand for sitting case patients has been absorbed by the Voluntary Car Service.

The following table shows details of patients conveyed by the Voluntary Car Service during 1968 and the mileage involved in conveying these patients.

Table 2

<i>Cases for admission to hospital</i>		<i>Cases for out-patient treatment</i>		<i>Cases discharged and transferred from hospitals or institutions</i>		<i>TOTALS</i>		
<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Total mileage</i>
—	751	—	24,650	—	1,046	—	26,447	359,687

The following table gives details of mileages run year by year since 1958.

Table 3

	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>
Ambulance Mileage	768,909	768,871	763,820	768,678	790,959	877,680
Voluntary Car Service Mileage	339,820	363,023	346,864	448,294	485,744	499,763
Mileage worked by Holland C.C.	47,447	43,432	21,693	5,845	4,598	5,346
TOTAL	1,156,176	1,175,326	1,132,377	1,222,817	1,281,301	1,382,789

Table 3 (Continued)

	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
Ambulance Mileage	1,161,978	1,188,912	1,115,394	1,117,295	1,130,390
Voluntary Car Service Mileage	170,645	153,939	240,395	328,744	359,687
Mileage worked by Holland C.C.	5,487	5,922	5,230	652	717
TOTAL	1,338,110	1,348,773	1,361,019	1,446,691	1,490,794

The continued curtailment of rail services in the area, the reduction on those services remaining of suitable carriages to convey stretchers, and the high cost has effected a marked decrease in the use of rail aided transport.

Table 4

<i>Year</i>	<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Rail miles</i>	<i>Mileage travelled by County Council Ambulances and Voluntary Car Service vehicles in conveying patients to and from railway stations</i>
1968	5	333	34,031	3,719
1967	5	825	68,270	6,669
1966	7	1,053	80,308	9,291
1965	24	1,196	97,165	9,952
1964	19	1,136	93,996	10,748

The Work Study section is now investigating ways and means of introducing a bonus scheme for ambulancemen.

It is evident that much re-organisation is required before sufficient economies (without effect on efficiency or standard of service) can be made to provide finance for the introduction of such a scheme.

The following table gives details of patients conveyed on behalf of the Lindsey County Council by the Holland County Council during 1968.

Table 5

	<i>Stretcher cases</i>		<i>Sitting cases</i>		<i>Totals</i>	
	<i>No. of cases</i>	<i>Mileage</i>	<i>No. of cases</i>	<i>Mileage</i>	<i>No. of cases</i>	<i>Mileage</i>
Holland County Council ...	60	696	6	21	66	717

PREVENTION OF ILLNESS – CARE AND AFTER-CARE

TUBERCULOSIS

The patient who was being maintained by the County Council at the Sherwood Village Settlement left the settlement on 15th March, 1968.

During the year arrangements were made for 496 persons who have been in contact with cases of tuberculosis to be examined at the Chest Clinics.

VACCINATION AGAINST TUBERCULOSIS

During the year 1968 the number of skin tests and B.C.G. vaccinations were as follows:—

	<i>School children and students</i>
Number skin tested	3,135
Number found positive	186
Number found negative	2,898
Number vaccinated	2,888

The number of children who showed a positive reaction (186) represented 5.9% of the number tested.

Arrangements were made for the 186 positive reactors to be offered a chest x-ray during the year either at the nearest Chest Clinic or at the Lincolnshire Mass Radiography Unit if it was available nearby.

CONTACT SCHEME

The scheme for vaccination of persons known to have been in, or likely to come into contact with, cases of tuberculosis, was carried out at the Chest Clinics. The returns submitted by the Chest Physicians showed that the number of persons skin tested was 274, the number found positive 30, the number found negative 233 and the number vaccinated 371.

MASS RADIOGRAPHY SERVICE

Dr. J. Beech, Medical Director of the Lincolnshire Mass Radiography Unit, has provided the following report relating to the work of the Unit in Lindsey during the year. "The Unit visited six industrial establishments and also carried out advertised public sessions at Market Rasen, Brigg, Barton-on-Humber, Immingham and Cleethorpes. Caistor Hospital was also visited.

On 1st September, 1968 the Regional Hospital Boards unit at Doncaster was closed and part of the area in South Yorkshire and Nottinghamshire previously covered by them was taken over by the Lincolnshire Mass Radiography Unit."

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Miniatures taken	2,992	2,503	5,495
Recalled for large films	22	21	43
Referred to Chest Clinic	13	5	18
Cases of pulmonary tuberculosis under close clinic supervision or treatment	2	—	2
Cases of pulmonary tuberculosis under occasional supervision	2	1	3
Cases of post primary inactive pulmonary tuberculosis	—	—	—
Cases of bronchiectasis	1	1	2
Cases of bronchial carcinoma	2	—	2
Cases of cardiac abnormality	—	1	1
Cases of sarcoidosis	3	1	4

HEALTH EDUCATION

The Health Education programme, which had gained momentum by the earlier months of the year, was slowed between May and October when Mr. D. Lambert, Health Education Officer, resigned to take up a post elsewhere. His successor, Mr. P. England, commenced in September. By the end of the year the section was back to full strength and was giving concentrated effort towards restoring a health education programme.

During the year the prospect of amalgamating the work of two dental health education officers into health education work generally was considered and it was accepted that such an amalgamation would produce desirable benefits. Formerly these officers were employed within the school dental service under the supervision of the Chief County Dental Officer, but the view had been expressed that, consequent upon the establishing of a health education section in the department, all health education activities ought rightly to be the responsibility of the Health Education Officer. These two former dental health education officers now work from the health education section and, in addition to their dental health activities, are now involved to some extent in the wider health education programme. This allows the more comprehensive significance of health education to be associated with the better known

aspects of dental health and it gives the staff the opportunity to become involved in the broader approach. Coincidentally it has improved the overall organisation of the section because better prospects for flexibility stem from having the help of these two assistants.

Although during 1968 the Health Committee continued to view with favour some expansion in staff for health education duties in accordance with their ten year plan, financial restrictions once more prevented this being achieved. In the climate of financial stringency which has persisted during recent years, it has unfortunately become all too customary to cut out of financial estimates those items appearing to produce less visible or immediately tangible effects. Such may be said of health education. It is in the future that the results become apparent. Over-economy fails to produce greater health prospects and, by implication, greater savings in the future.

Specific activities during the year included visits to 26 schools of a clown called "Pierre" who helps to instruct children in the care of teeth. His activities are sponsored by the National Fruit Producers Association and organised by the General Dental Council. The presentation of this aspect of health education by "Pierre" has proved to be a popular feature producing a lasting impression with children. This service is completely free to the County Council.

The programme of talks and films to women's voluntary associations has continued and there is now a constant demand for films and speakers at women's institutes, mothers' clubs, church organisations and similar group meetings. A number of Youth Clubs have also asked for and been afforded those facilities.

The list of speakers including doctors, police personnel and others continues to increase. The help of health visitors is particularly invaluable. Support in the way of film equipment, projectors, etc., is now more readily available to these speakers and every attempt is made to obtain relevant films to demonstrate or illustrate each aspect of health education covered.

The section continues to organise poster displays and the distribution of leaflets and other publicity material and the aim is to introduce a new theme each month, when practicable.

CONVALESCENCE

The number of patients admitted under the County Council's Scheme to Convalescent Homes for a recuperative period was 63 as compared with 25 in 1967. The average stay of patients admitted in 1968 was two weeks.

SITTERS-IN SERVICE

This service is provided through the Welfare Department of the County Council under the direction of the County Welfare Officer to whom I am grateful for supplying the following information:—

"Throughout the year sitters-in were provided for 52 cases involving a total of 15,055¼ hours as compared with 44 cases and 16,115 hours in 1967. Of the

15,055¼ hours, day sitting accounted for 6,414½ and night sitting for 8,640¾.

The number of sitters-in employed at 31st December 1968 was 31 as against 23 at the same time last year.

The majority of cases being provided with this type of help are in the northern areas of the county, where the shortage of hospital beds for the geriatric and chronic sick patients appears to be more acute than in other areas. Difficulty in recruiting women for this service remains a problem, no doubt due to the irregular hours of work and the low rate of pay.

In one area this problem has been partly minimised by recruiting active pensioners both male and female to undertake the less arduous cases."

EXFOLIATIVE CYTOLOGY

Despite continued publicity on the advantages of early detection of cervical cancer by way of a smear test, the number of women attending cytology clinics in Lindsey again fell during 1968. Undoubtedly one reason for this is that more General Practitioners now offer this service and many women therefore consult their own doctors. My impression is, however, that overall the number of women seeking the test has diminished and that the possibility of offering more convenient facilities, coupled with renewed publicity, will have to be examined during the coming year.

Cytology Clinics

<i>Centre</i>	<i>Total attendance</i>	<i>No. of sessions</i>	<i>Average attendance</i>
Barton-upon-Humber	78	18	4
Brigg	55	14	4
Cleethorpes ...	153	12	13
Gainsborough (Spital Terrace)	206	17	12
Mablethorpe ...	109	10	11
Skegness	94	19	5
Total ...	695	90	8
<i>Scunthorpe</i>			
Ashby	511	68	8
Parkinson Avenue	24	4	6
TOTAL ...	1,230	162	8

ADAPTATIONS OF HOMES TO INSTALL ARTIFICIAL KIDNEY MACHINES

During the year the Minister of Health issued a general approval, within the provisions of Section 28 of the National Health Service Act, 1946, for local health authorities to undertake the adaptation of any dwelling or the provision of any additional facilities which may be necessary to enable installation equipment for intermittent haemodialysis for the use of persons suffering from chronic renal failure. The Minister approved also the making by the Council of such charges (if any) for this service as they considered reasonable having regard to the means of any such person.

The Health Committee, in February, gave approval to adaptations being carried out in suitable cases and during the year three applications for work to be done were received. By December one adaptation had been completed, one was in progress and one was still to be started. In each case the applicant had agreed to make a financial contribution towards the cost.

Each adaptation involves the preparation of a room at the patient's home with sink and a good supply of water, crack-free and washable walls and ceiling, and space for dialysis equipment, single bed etc. The equipment is provided by the Hospital Authority and, in liaison with them, the local authority is concerned in electrical wiring, plumbing, waterproofing of the floor, the provision of sink, shelving etc. At present the cost of a normal adaptation is in the region of £200.

CHIROPODY SERVICE

Review of developments since 1961

In my Annual Report for 1967 I included comments on the value of the chiropody service to the priority groups covered by the County Council's scheme i.e. the elderly, physically handicapped, expectant and nursing mothers and mentally subnormal, with an indication of how the service had been staffed since the County Council assumed responsibility for it in 1961. The Department of Health and Social Security has asked that a review of the service since its inception in Lindsey be included in my report for this year.

Local Voluntary Committees

Before 1961 such chiropody services as there were in Lindsey outside the scope of the private practitioner sphere, were developed under the auspices of * Voluntary Committees. The present local authority service owes its existence to these voluntary beginnings, and the benefit now received by the community, particularly the elderly, greatly reflects the foresightedness and appreciation of the need for organised chiropody on the part of the voluntary workers then concerned.

Since 1961 many of these Voluntary Committees have handed their services over to the County Council who, in turn, have included the patients in the now almost County-wide Chiropody service. Several Voluntary Committees still remain however, and the County Council continues to reimburse to these Committees the full cost of providing a service to the physically handicapped and expectant mothers, and grants financial assistance towards the treatment of elderly persons.

* See list of voluntary committees on page 44

Development of the Local Authority Chiropody Service

Chiropody is a service in respect of which those entitled to it only gradually appreciate the benefit they can obtain from it. The same is true with the domestic help service, and, as with domestic help, demand for chiropody has continued to increase year by year. The following figures illustrate how the service has developed since the County Council decided to make it available in 1961:—

<i>Calendar Year</i>	<i>* Number of Cases</i>	<i>* Number of Treatments</i>
1961	2,053	5,813
1962	2,973	11,044
1963	3,921	15,169
1964	4,475	20,971
1965	5,500	26,597
1966	7,572	33,939
1967	8,722	39,294
1968	9,076	42,037

** Including the Borough of Scunthorpe*

A service is now being provided to (a) people in their own homes, when they are bedfast or unable to get to a clinic, (b) at clinics established in numerous towns and

villages in Lindsey and (c) in local authority or other residential establishments such as old peoples homes, nursing homes and hostels for the mentally subnormal.

Demand eased slightly in 1968 but new cases are still arising from day to day whilst old cases remain on the books, some having received treatment for many years. In all instances where chiropody has once been provided the recipients are very loath to give it up or have it taken away from them, and this perhaps is the clearest indication of the importance of and benefit from chiropody nowadays.

Since 1961, and particularly during the last two or three years, ways have been sought to improve the effectiveness and efficiency of the service – a feature which has grown out of the need for financial stringency on the one hand, and a national shortage of qualified chiropodists on the other. Areas have been re-organised, more clinic sessions have been arranged in place of home visits, which are more time consuming, and the standard of chiropody equipment has been improved. During 1967 the use of mobile chiropody clinics was closely investigated with a view to providing a more convenient and hygienic service in the rural parts of the County, and with the object of achieving greater productivity in terms of chiropodists' time. Whilst the Health Committee saw merit in mobile units being provided however, the Finance Committee, because of financial restrictions imposed that year, felt unable to find the money for them at that time. The financial situation has not permitted any development of this nature since.

As a consequence of financial restriction, and some difficulties in recruiting and retaining chiropodists, the cycle of visiting for chiropody patients has had to be widened from 6 to 7 weeks to 10, 11 or even 12 weeks. Some parts of the County have been without a chiropodist at times following resignations, and although until recently it has frequently been possible to cover such areas by extending the work of other neighbouring chiropodists, this has more recently proved to be impracticable because of the heavy caseloading with which all chiropodists have to contend. Efforts have been made to "select" the more needy cases, or at least to give them a more frequent cycle of treatments than the less needy. Selection has, however, proved to be very difficult, particularly so where cases now put in the less needy category have been treated regularly over a period of years. Furthermore, in the small communities of the Lindsey villages it is difficult to discriminate without incurring hostility. Elderly people feel entitled to a chiropody service and in this context the individual almost always considers that his own needs are as important as anyone else's.

The chiropodists, from their part, have remained remarkably loyal and cheerful despite the difficult circumstances in which they nowadays frequently find themselves called upon to work. Success in this respect has undoubtedly been achieved by keeping them informed of policies and problems of management, and by the enthusiastic manner in which staff concerned with the service have tried to alleviate their problems in whatever small way possible.

It does now seem however that caseloading must not go beyond the present level if resignations and/or discontent are to be avoided in future, and the demand for better clinic conditions and equipment will undoubtedly be stronger in the years ahead.

Voluntary Help

No review of the chiropody service would be complete without mention of the many voluntary helpers who so willingly give their services towards organising village and clinic chiropody programmes and who act as receptionists and clerks at many clinics. Without their help not only would the chiropody service in Lindsey be more costly, but less people would benefit because chiropodists would otherwise have to perform such supportive functions themselves.

I am indebted to these voluntary helpers.

Staffing

As I mentioned in my report last year, staffing of the chiropody service has always lagged behind actual need. This has not entirely been due to a restricted establishment, but is a reflection also of recruitment difficulties. The latter problem has been tackled – to some extent successfully – by the County Council's bursary training scheme. Local Government Chiropody does not, however, in my opinion, yet offer a great deal to the qualified chiropodist in terms of salary, and I have no doubt that recruitment prospects would be greatly improved if there could at least be greater flexibility in fixing the starting remuneration in relation to experience as well as qualification. Recruitment is certainly the biggest single problem in the Lindsey Chiropody Service at present, and it is a problem which is likely to remain for some years yet.

Conclusions

A chiropody service, particularly for the elderly, is now viewed as an essential feature of community care. People have come to regard its provision as of right and now complain about this aspect of "welfare" as loudly as any other if it is not available in a well organised and frequent manner. The tide of demand – at least in Lindsey – cannot now be turned back, for success in this service has undoubtedly bred success, producing the mushroom-like spread of favourable publicity amongst eligible people. People who hitherto had perhaps never heard of chiropody, and who, in consequence, had formerly suffered the discomforts and inconvenience of foot complaints, are now able to enjoy the benefits of the alternative.

List of Voluntary Committees operating a chiropody service in Lindsey in 1961

The position today is that only those marked with an asterisk are so covered:-

- Barton-on-Humber Urban District
- * Brigg Urban District
- * Caistor and Nettleton
- Cleethorpes Municipal Borough
- Crowle, including Crowle Wharf and Ealand
- Gainsborough Urban and Rural District and Kirton Lindsey
- * Goxhill
- Healing
- Horncastle Urban District
- Laceby
- Mablethorpe, Trusthorpe and Sutton-on-Sea Urban District
- * Market Rasen Urban District

* Saxilby
 Scunthorpe Borough
 Spilsby Rural District
 Wrawby

Number of treatments given by Local Authority Chiropodists

Category	Lindsey			Scunthorpe			Whole County
	Clinic	Home visit	Total	Clinic	Home visit	Total	Total
Elderly	14,716	18,955	33,671	4,137	2,338	6,475	40,146
Physically handicapped	204	792	996	17	137	154	1,150
Expectant mothers	5	10	15	9	—	9	24
Mentally subnormal	16	701	717	—	—	—	717
Total	14,941	20,458	35,399	4,163	2,475	6,638	42,037

Number of treatments given through the auspices of voluntary committees

	Elderly	Physically handicapped	Expectant mothers	TOTAL
Number of patients treated	539	8	—	547
Number of treatments provided	1,153	21	—	1,174

FAMILY PLANNING

During the early part of the year agreement was reached with the Family Planning Association whereby, under the provisions of the National Health Service (Family Planning) Act 1967, Lindsey women could receive family planning advice and treatment free of charge. Initially it was hoped that the scheme would commence on the 1st April, but it was subsequently revealed that estimate provision for family planning in 1968 by the Borough of Scunthorpe Council was insufficient to meet the needs of a scheme such as that proposed for the rest of the County. Therefore, as it was considered advisable to operate a uniform scheme for the whole County including Scunthorpe, implementation was deferred until June so that sufficient money would then be available.

The scheme covers all persons who have reached the age of sixteen years, whether married or not, and a charge is made for substances and appliances except where the financial circumstances are such that the whole or part of the cost cannot be met by the recipient without hardship. No charge whatsoever is made for cases treated on medical grounds.

Prior to these changes the Family Planning Association had established clinics at Grimsby, Boston, Lincoln, Scunthorpe, Gainsborough, Louth and Skegness and will continue to function at these centres. It is anticipated that for the greater convenience of Lindsey women, additional clinics will need to be opened in Barton, Brigg, Epworth, Horncastle, Mablethorpe and Market Rasen when the financial situation permits this development, and in this context negotiations regarding Horncastle are already taking place.

As the new arrangements have only operated for seven months no very helpful information about their impact is yet available. It does appear however, that more Lindsey women than previously are now seeking family planning advice and I hope to comment more fully on the County Council scheme in next year's report.

DOMESTIC HELP SERVICE

This service, for which the Council is responsible under the National Health Service Act, is administered in the Welfare Department under the County Welfare Officer who has submitted the following information:—

“Due to the national economic situation which existed throughout the whole of the year, it was necessary to maintain a more rigid control over the level and growth of the service than in previous years. This is apparent from the statistics given below which show that although there was an increase in the total number of cases where help was provided, the total number of hours of help allocated to such cases show a considerable decrease on the 1967 figures. An initial decrease of hours was achieved at the beginning of the year by a review being made of all current cases receiving help and affecting a small reduction in the total number of hours provided each week in all cases where such a reduction did not cause any hardship to the recipient or lower the standards of the service.

As a result of this action, it was possible during the remainder of the year for the service to expand to meet the needs of all necessitous cases requiring help.

Help was provided in 2,805 cases as compared with 2,678 cases in 1967, an increase in the case load of 4.7%. The total number of hours of help provided throughout the year was 500,514 and represents a decrease of 4.3% over the 1967 total of 522,739. The average number of hours per case per year was reduced to 178 as against 195 last year. The following table shows the classification of cases and hours of help given during the year in comparison to 1967:—

<i>Category</i>	<i>No. of cases</i>		<i>Total hours of help</i>	
	<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>
Aged (over 65)	2,242	2,424	451,193	435,860
Chronic sick and tuberculosis	188	183	40,944	42,267
Mentally disordered	10	6	687	1,028
Maternity	96	55	3,729	1,530
Others	142	137	26,186	19,829
Total	2,678	2,805	522,739	500,514

At the 31st December, 1968, 806 part-time helpers were employed throughout the county compared with 848 at the same time last year.”

PROBLEM FAMILY SERVICE

“Help was provided in 18 cases during the year involving 3,675 hours compared with 21 cases and 5,013 hours in 1967.

These figures are not included in the statistics for the Domestic Help Service.”

MENTAL HEALTH

The Mental Health Act, 1959, which came into effect on the 1st November, 1960, was the legislative crystallization of progressive ideas on the approach to and management of mental disorder.

Important principles embodied in the Act include:-

1. that all forms of mental disorder have been brought under a single legal code;
2. that as far as practicable, all persons suffering from a mental disorder, viz., mental illness, mental subnormality, etc., shall be treated as for a physical illness or disability from the point of view of specialist medical treatment, hospital in-patient and out-patient provision, etc.;
3. that such treatment as may be necessary shall involve the minimum amount of legal formality, compulsory custodial care and treatment being restricted to those persons for whom a greater measure of freedom would be impossible in the interests of the individual concerned or the community in which he lives.

As far as the local authority is concerned, important consequences have been a greater awareness and understanding of mental disorder, facilitating care and treatment in the community, and increasing stress on community care and treatment, with the consequent increasing involvement of local authorities and their officers.

Increasing efforts on the part of local authorities have been required also as a result of advancing knowledge of mental disorder, particularly in the field of the education and training of the mentally subnormal. Furthermore, advances in the treatment of mental illness have facilitated further the transfer of treatment to the community, thus increasing the pressure on the mental health social work service.

COMMUNITY CARE OF THE MENTALLY ILL

The duties and responsibilities of the County Council and the services provided were described in detail in the last Annual Report. However, more than in any other field of local health authority activity is the situation so dynamic and challenging.

There have been marked increases in admissions and discharges by mental illness hospitals not commensurate with an increase in the number of patients receiving hospital care, and representing increases in the turnover of patients. The mental illness hospital still has a long-stay, mainly institutionalised, group of patients, but the greater proportion of patients are admitted for one or two short spells and to a lesser extent for recurring periods of treatment.

These trends in hospital in-patient and out-patient care of the mentally ill have necessitated increasing involvement of community services, including, of course, those of the local health authority.

The early return of the mentally ill patient to the community, and more specifically the family, necessitates adequate and comprehensive supervision and support both for the patient and the patient's family to ensure a reasonable chance of success. A team approach is required, involving principally the psychiatrist, the general

practitioner and the mental welfare officer, but a very large part of this work falls on the mental welfare officer. Community needs are growing in this respect which will mean that more mental welfare officers will be required. In order to assess the future establishment in the county for mental welfare officers, the total workload and caseload of a representative area mental welfare officer was recorded over a consecutive period from 1.1.1968 to 30.6.1968. These findings as a piece of work measurement have been evaluated in co-operation with officers of the Organisation and Methods Section of the Clerk's Department. It is expected that from this work measurement an establishment more realistically equated to community needs and how to meet them will emerge. Family casework and therapeutic support provided by the mental welfare officer is, of course, in addition to the onerous and at times very pressing statutory duties in respect of the mentally disordered placed upon him by the Mental Health Act.

REHABILITATION OF THE MENTALLY ILL

For some mentally ill patients in hospital, especially those who have required long periods of treatment, complete return to the community is not possible if sympathetic relatives or other persons are not available to provide a home. Such people require accommodation where they are relieved of some of the normal responsibilities and worries of running a home and at the same time can have the companionship and help of others.

Fiskerton Close is intended to fulfil this purpose, if possible without the need for constant supervision, by providing fully furnished and heated houses to accommodate such discharged hospital patients in groups of five persons. Informal friendly supervision is provided by a health visitor and, of course, more intensive support is provided if necessary by a mental welfare officer.

At the end of the year ten women had been accommodated in two of the houses and were not experiencing any significant difficulties. Two of the residents act as housekeepers, the remainder undertaking simple work in the industrial rehabilitation unit at St. John's Hospital during weekdays.

The arrangements are somewhat experimental, and in view of the need to be very selective in choosing residents it may be necessary to provide resident support and supervision if all of the available accommodation is to be filled and subsequent patients prove unable to offer adequate mutual and self help.

COMMUNITY CARE OF THE MENTALLY HANDICAPPED (SEVERELY SUBNORMAL, ETC.)

Whilst considerable progress has been made in the attitude to prevention and treatment of mental illness, the most rapid and far reaching changes have involved the mentally handicapped. It is a field in which, until relatively recently, not only was knowledge lacking, but interest limited, and research even less adequate than in other fields of human disorder.

THE MENTALLY HANDICAPPED CHILD

No longer is the child with a mental handicap, rendering him unsuitable for education within the existing educational system, classified as ineducable. There has been increasing appreciation that not only does the mentally handicapped child possess capacity for learning, but that this is greater than was previously appreciated or accepted. Due credit must be given to voluntary organisations such as the National Association for Mental Health and the National Society for Mentally Handicapped Children, for their efforts in promoting changes and stimulating research not only in this but in all other fields of mental disorder and disability.

Despite limitations on resources, Lindsey, encouraged by an enlightened Mental Health Services Sub-Committee, has responded to this new awareness of the needs of the mentally handicapped.

JUNIOR TRAINING CENTRES

With the opening of the Louth Adult Training Centre in September, the mixing of adults and children in the junior training centre accommodation was discontinued, leaving all children suitable for training centre placement in accommodation similar to and in many cases better than that provided for normal primary school children.

With the opening of the Spilsby Junior Training Centre in 1969, all such children will be accommodated in purpose-built premises of the highest standard at present contemplated in the field of education of mentally handicapped children.

TEACHING THE MENTALLY HANDICAPPED

Buildings and materials do not by themselves constitute an education service, least of all for mentally handicapped children. The methods of teaching employed and many other aspects have, therefore, been given careful consideration.

It has been said that two-thirds of junior training centre staff in the country are untrained and that not more than thirty junior training centres are correctly orientated in their methods and handling of the children. For very many years it has been the policy of Lindsey that all junior training centre staff should receive training as the opportunity arises. Trained staff have not been available for new appointments, but, including those newly appointed, over 75 per cent of the staff have received full-time training in the teaching of the mentally handicapped. Furthermore, the techniques employed are as up-to-date as available information allows and there is an awareness and readiness on the part of both teaching and administrative staff of the need to make changes in teaching techniques and progress assessment, as information becomes available. Further assistance in this respect is obtained by liaison with the advisory officers on education and training of the subnormal of the Department of Health and Social Security.

All the services available to the normal child are provided, in the junior training centres in Lindsey, for the mentally handicapped child. School medical officers and the educational psychologists are available to examine and review children when necessary, apart from the policy of regular examination and assessment.

There is no rigid boundary between the special educational treatment of the Education Authority and the junior training centre teaching of the Local Health Authority, and this is, of course, facilitated by the joint use of officers through the School Health Service. Children can be and are moved with no difficulty into whatever educational sector seems most appropriate for the child at any particular stage in development.

Because they are handicapped children and because of the particular nature of the handicap, mentally handicapped children and their families in Lindsey have, through sympathetic and knowledgeable mental welfare officers, social worker support perhaps better than for any other group of school-age children.

TRANSFER OR TRANSFORMATION

At the end of the year, the Prime Minister stated that it was the intention of the Government to transfer junior training centres from the Department of Health and Social Security to the Department of Education and Science. In view of the accumulated knowledge and changed attitude to the teaching of children in these centres and the failure of many authorities, for whatever reason, to provide adequately for this group, arguments in favour of and pressure for such change in status cannot be considered unreasonable.

However, should such changes be made in Lindsey, the Health Committee can justly feel that it has within all reason risen to and kept pace with the demands of progress.

Transferred to the Education Authority will be, not occupation or training centres simply caring for and offering social training to the outcasts of the educational system, but schools for mentally handicapped children, in buildings any education authority could be proud of, staffed by knowledgeable and dedicated teachers of the mentally handicapped using the most up-to-date techniques and materials to teach the children to develop their individual abilities and faculties to the utmost of their capacity having regard to their physical and mental limitations. There will be little room for improvement, but only for continuing development.

ADULT TRAINING CENTRES

With the opening of the Louth Adult Training Centre in September 1968, up-to-date and comprehensive facilities in purpose-built accommodation became available for all adult mentally handicapped persons requiring special training and employment provision of this kind.

As with school age children, much re-thinking, experiment and research have resulted in a dynamic situation, where the education, training and employment needs and abilities of mentally handicapped adults is concerned. In view of the varied needs and abilities of the trainees, the adult training centre must fulfil a range of functions.

THE ROLE OF THE MODERN ADULT TRAINING CENTRE

In Lindsey, the adult training centres are considered now as at least in part "Centres of Further Education", continuing the process of education in the wider

sense of the term which commenced in the junior training centres. This may even be in the formal sense in appropriate cases, since many will be attaining the mental age at which, for example, even reading, although perhaps at a simple level, becomes a possibility. However, implementation of this area has been unavoidably limited so far. The aim is towards a continuing process of education, training and socialisation in an endeavour to develop productive and social skills and independence, to enable the trainee to take a more normal place in the community. In simple terms, in as many ways as possible the trainee is helped and encouraged to "stand on his own feet".

Where possible an attempt is made to so develop the trainees skills and personality that some form of normal employment in the community becomes possible. However, the majority of trainees require sheltered employment, since their mental and social handicaps are of such a degree as to render them incapable of, or of surviving in, competitive employment. Nevertheless, the possibility is not neglected and comprehensive progress assessment, as in the junior training centre, is now considered an important function of the adult training centre, not only for this specific purpose but also to ensure that the wider purpose of the centre is being fulfilled in each individual.

PRODUCTIVE EMPLOYMENT

Whilst not intended as a factory for the mentally handicapped, the productive aspect of work in the centre is not neglected. Overall profitability in the financial sense is not possible. However, where it does not conflict with the educational and training needs of the trainees, work is developed, or taken in from industry where possible, which will yield an income both to offset the cost of the centre and to provide a financial incentive for the trainees. It is always important to keep in mind the motivations and aspirations of mentally handicapped people, since these are basically no different from mentally normal individuals, in most respects.

Although the principal duty of the manager of the adult training centre is to ensure that the day to day work of the centre is conducted according to sound and acceptable principles and that the training and other needs of individual trainees are being met, a significant proportion of his time and skill is devoted to finding suitable work from all possible sources, and having found the work, structuring and arranging it to suit the training needs and abilities of those for whom it is intended.

Normal commercial payment on an item/quantity basis is expected from industrial concerns involved, but to a great extent the time element can play little part, hence the returns per trainee are relatively small. Contracted work of this nature also ensures diversification of training material.

Laundry work of a commercial type is within the ability of the more able trainees, and both of the adult training centres have been provided with laundries, fitted with modern commercial equipment. Not only is regular work available as a result of the laundry needs of the local authority, but the laundries provide good training facilities allied with a relatively good income for the centres.

The value of goods produced and work done at selling prices at the established adult training centre at Brigg in 1968 amounted to approximately £7,000, almost

£3,000 of which resulted from laundry work. In the same period, approximately £2,000 was paid to the trainees in incentive bonus payments. Being incapable of competitive employment, mentally handicapped adults are of course also eligible for Social Security supplementary benefit.

A number of the products of the training centres are on sale to the public, including for example a useful range of concrete products for the gardener and do-it-yourself consumer, and enquiries from the public about available products are always welcome.

REHABILITATION

The borderline between those who are educationally subnormal and require education in special schools or classes, and those who have proved unsuitable for formal education is necessarily ill-defined. Inclusion of subnormal individuals within the educational system is no guarantee of survival in open employment or even in society generally.

Admission to an adult training centre may be, in some cases, a logical step on leaving school and may serve as a half-way house to open employment in those who are too mentally or socially immature to stand a reasonable chance of making an immediate adjustment to the change.

Such cases are referred, including instances where open employment has been attempted and failed. Consideration is always given to such persons and assistance offered in suitable cases. However, it is not always appreciated by those involved with the person that this sort of placement may be appropriate.

HOSTELS FOR THE MENTALLY HANDICAPPED

In November further accommodation for the adult mentally handicapped was provided by the opening of Wallis House, Louth, a combined hostel for men and women, although at the end of the year only the men were in residence, pending the appointment of adequate staff.

At Brigg, men and women are accommodated in separate hostels and an increasing effort has been made, as in the adult training centres, to socially rehabilitate the residents as far as possible within the limits of their respective handicaps. Adequate contact with people of the opposite sex is necessary in this process, and whilst increasing the potential problems in running an adult hostel, the advantages greatly outweigh the disadvantages.

THE HOSTEL IN THE COMMUNITY

To many of the adult residents, the hostel is their only home and if it is to serve this purpose properly they must feel that it is a place where they can relax, express themselves and enjoy their leisure time if they so wish. However, a home is a place from which an individual has reasonable freedom of access to the rest of the community.

The wardens of the hostels are well aware of these needs, and freedom of movement in the local community is encouraged and assisted. Furthermore, not only does such freedom assist the attainment of an optimum degree of independence, self-reliance and normality, but helps the mentally handicapped person not only to feel part of the community of normal people, but it is hoped, be increasingly accepted as such by people in the community generally. This is of course in keeping with the spirit of the Mental Health Act.

Most of the residents attend the associated adult training centre, but a few have adjusted to and have been found open employment, although as might be expected, availability of suitable employment is limited.

JUNIOR HOSTEL

Most parents of mentally handicapped children manage to care for them at home within the family, provided the handicap of the child is not so severe, or behaviour so abnormal, as to impose intolerable strains on the family. Daily attendance at the junior training centre, with provision of transport where necessary, is usually all that is required, plus of course, adequate social work support.

However, in some cases, even in those children not so handicapped as to require, as at present, placement in a subnormality hospital, it is necessary to provide residential accommodation, if only on a weekday basis. The child's own home may be unsuitable, the strains imposed on the child's family may be adversely affecting the family and, as a result, the child; or daily travel to the junior training centre may be too far. St. Bernard's House, built in association with the Louth Junior Training Centre, fulfils these needs.

Accommodation is provided in two closely associated units or families, in which an attempt is made to provide a stable, affectionate alternative to a normal home, with a reasonable degree of individual care and attention, having regard to the ages and needs of the children.

The staffing ratio is comparatively high as would be expected with children in residential care, and despite the relatively small numbers involved requires an establishment of five full time child care staff alone.

These are of course severely subnormal children, some displaying difficult behaviour, and I take this opportunity of paying tribute to the staff for the standard of care provided and the happy atmosphere in which the children live.

CO-OPERATION

The need for co-operation and liaison between professional staff in a community centred service has been mentioned already and, although there is always room for improvement, is generally quite good.

But at least as far as the mentally handicapped are concerned, mention should also be made of the standard of co-operation achieved between voluntary groups in Lindsey and the Health Department. The efforts of the local branches of the National Society for Mentally Handicapped Children to further the interests and welfare of the mentally handicapped has been an added source of encouragement and inspiration in attaining the present standard of the Service.

SCUNTHORPE JUNIOR TRAINING CENTRE

In April, 1968, administration of Scunthorpe Junior Training Centre and Special Care Unit was transferred to the Borough of Scunthorpe as part of the arrangements for delegation of mental health services.

Lindsey children in the area, requiring these facilities, continue to attend the Scunthorpe centre in the same way that provision is made for adult mentally handicapped living in Scunthorpe to attend the Brigg Adult Training Centre.

Special care facilities continue to be provided by Grimsby for Lindsey children living in that area of the County.

PREMISES MANAGED BY THE HEALTH DEPARTMENT

<i>Location</i>	<i>Address & Tel. No.</i>	<i>No. of Trainees at end of year</i>
Junior Training Centres :		
Gainsborough	Whites Wood Lane Gainsborough 2139	27 children
Horncastle	Foundry Street Horncastle 2307	25 children
Louth	Wood Lane Louth 3776	44 children
Spilsby	Eresby Avenue Spilsby 2441	Opening May, 1969
Scunthorpe J.T.C. & Special Care Unit	Burghley Road Scunthorpe 4560	35 children – J.T.C. 20 children – S.C.U.

Children now attending Horncastle Junior Training Centre, will be transferred to the Spilsby Junior Training Centre and the Horncastle Centre will be closed.

The management of the Scunthorpe Junior Training Centre and Special Care Unit was taken over by the Scunthorpe Borough Health Department on 1st April, 1968.

Junior Hostel :

Louth	St. Bernard's House Wood Lane Louth 3914	14 children
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Adult Training Centres :

Brigg	Horstead Avenue Brigg 3384	125 adults
Louth	Birch Road Louth 2410	98 adults

PREMISES (*Continued*)

<i>Location</i>	<i>Address & Tel. No.</i>	<i>No. of Trainees at end of year</i>
Adult Hostels :		
Brigg	Cormac House Horstead Avenue Brigg 3040	18 mentally sub- normal men
Brigg	Birch House Westmoor Road Brigg 2348	23 mentally sub- normal women
Louth	Wallis House Birch Road Louth 2236	10 mentally sub- normal men. Female wing not open.

Accommodation for mentally ill :

Fiskerton Close	Chapel Road Fiskerton, Nr. Lincoln
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Purpose built accommodation is available for 25 persons, or 20 persons with resident supervision. Accommodation is in units of 5 persons and at the end of 1968, 10 places were filled.

OFFICES OF MENTAL WELFARE OFFICERS

<i>Area</i>	<i>Office Address</i>	<i>Telephone No.</i>
No. 1 (Scunthorpe District but excluding Borough)	92 Oswald Road, Scunthorpe.	Scunthorpe 4564
No. 2 (Cleethorpes and District)	Mental Health Office, Cleethorpes St. Hugh's Avenue, Cleethorpes.	61248
No. 3 (Louth and District)	32 Queen Street, Louth.	Louth 2568
No. 4 (Skegness and District)	23A Roman Bank, Skegness.	Skegness 3314
No. 5 (Horncastle and District)	Holmeleigh, Horncastle.	Horncastle 3349
No. 6 (Gainsborough and District)	156 Trinity Street, Gainsborough.	Gainsborough 2338

SUMMARY OF MENTAL HEALTH STATISTICS

	1966	1967	1968
1. Attending Training Centres – Adults at end of year	187	199	227
– Juniors at end of year	146	134	134
2. Attending Special Care Units at end of year	12	22	25
3. Resident in hostels for mentally subnormal – Adults at end of year	38	45	51
– Juniors at end of year	15	14	14
4. Awaiting admission to hospitals for mentally subnormal at end of year	24	34	31
5. Mentally ill persons being visited by mental welfare officers at end of year	493	525	556
6. Total number of persons receiving some form of care from Local Health Authority at end of year	1,399	1,360	1,415
7. Annual expenditure in thousands of pounds	160	174	208

NOTIFIABLE DISEASE

Notified Cases of Infectious Diseases in Urban and Rural Districts 1968																								
District	Total number notified	Scarlet Fever	Whooping Cough	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Measles	Diphtheria and Membranous Group	Dysentery	Meningococcal Infection	Pneumonia	Smallpox	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Enteric or Typhoid Fever	Paratyphoid Fever	Erysipelas	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria (believed to be contracted abroad)	Infective Hepatitis	Tuberculosis - Respiratory	Tuberculosis - Other Forms	
Urban																								
Alford	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Barton-upon-Humber ...	69	—	—	—	—	67	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Brigg	128	2	8	—	—	117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
Cleethorpes Borough...	419	15	14	—	—	326	—	23	—	—	—	—	—	—	—	—	3	—	7	1	—	12	—	
Gainsborough	528	4	—	—	—	521	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	
Horncastle	65	—	—	—	—	63	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Louth Borough...	23	—	—	—	—	17	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	
Mablethorpe & Sutton	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Market Rasen	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scunthorpe Borough ...	1,129	43	31	—	—	700	—	310	1	4	—	—	—	—	—	4	13	4	—	—	—	12	—	
Skegness	128	1	1	—	—	118	—	—	—	3	—	—	—	—	—	—	—	3	—	—	—	1	—	
Woodhall Spa	7	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	2,503	65	55	—	—	1,937	—	336	1	8	—	—	—	—	—	5	17	14	1	—	—	33	25	6
Rural																								
Caistor	187	16	12	—	—	157	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
Gainsborough	197	2	6	—	—	186	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	
Glanford Brigg...	522	18	28	—	—	359	—	77	2	6	—	1	—	—	—	4	1	3	—	—	—	17	5	
Grimsby	230	11	10	—	—	188	—	5	1	1	—	—	—	1	—	2	—	—	—	—	3	5	—	
Horncastle	106	1	1	—	—	97	—	—	—	4	—	—	—	—	—	—	—	—	—	—	3	—	—	
Isle of Axholme	42	1	—	—	—	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Louth	165	6	—	—	—	104	—	46	—	2	—	—	—	—	—	—	4	2	—	—	—	—	—	
Spilsby	126	3	1	—	—	105	—	1	—	2	—	—	—	—	1	—	3	1	—	—	—	7	—	
Welton	593	17	5	—	—	538	—	19	1	8	—	—	—	—	—	1	—	1	—	—	2	1	—	
	2,168	75	63	—	—	1,774	—	149	5	23	—	1	—	1	1	7	10	7	—	—	—	33	15	4
TOTAL for County ...	4,671	140	118	—	—	3,711	—	485	6	31	—	1	—	1	1	12	27	21	1	—	—	66	40	10

POLIOMYELITIS

It is pleasing to report that for the sixth consecutive year, not one case of poliomyelitis was reported.

DIPHTHERIA

It is again pleasing to report that no case of diphtheria was notified in the county during 1968.

OPHTHALMIA NEONATORUM

One case of ophthalmia neonatorum was reported during 1968. There was, however, no impairment of vision.

VENEREAL DISEASE

The following table illustrates the incidence of venereal disease over the last ten years.

New cases reported each year since 1959

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1959	18	61	79
1960	24	70	94
1961	16	66	82
1962	7	74	81
1963	23	106	129
1964	13	129	142
1965	12	95	107
1966	5	93	98
1967	5	102	107
1968	10	120	130

PUBLIC HEALTH ACT 1936 – REGISTRATION OF NURSING HOMES

The County Council are the responsible authority for the registration and supervision of nursing homes under the Public Health Act 1936. One new nursing home providing accommodation for 24 general cases was registered during the year. At the end of the year there were seven nursing homes registered in Lindsey providing accommodation for 18 maternity cases and 179 general cases. Officers of the County Council have continued to regularly inspect these homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

During the year the above Act was amended by Section 60 of the Health Services and Public Health Act, 1968.

This Act clarified many things which were not clear in the 1948 Act such as substituting 'a substantial part of the day' for a period of two hours or more per day. In addition supervision has been tightened up all round and considerable fines are liable to be made for breaches of the regulations.

The following are notes on provisions as amended by Section 60 of the Health Services and Public Health Act 1968.

1. The Health Services and Public Health Act, 1968 amends, in Section 60 the Nurseries and Child Minders Regulation Act, 1948 in certain important respects, details of which are given below.

2. *Premises*, other than those used mainly or wholly as private dwellings, in which children are received for a total of more than *two* hours per day and *persons* who in their own homes and for reward look after one or more children under five years of age, *shall be registered by the Local Authority*.

3. Failure to register and breach of requirements of the authority may be punished by a maximum of £50 for the first offence and a fine of £100 or imprisonment for three months or both for a subsequent offence.

4. The local health authority may refuse to register either premises because of situation, construction, equipment or size or persons because of the condition of equipment in her premises, construction, size or situation or because of persons occupying or attending the premises.

5. The local authority shall decide what number of children shall be received in each case, taking into account the number of children already in the home and in registering a person in her own home shall make requirements concerning the number, qualification and experience of people who are to look after the children, the safety and equipment of the premises, the arrangements for feeding and the diet.

6. A daily register will be kept for inspection from time to time by authorised visitors to the home or nursery.

7. Authorised visitors may enter the home of a registered person at any reasonable time in order to inspect the premises, equipment, records, etc.

8. Applicants for registration are advised to seek consent of the Planning Authority as registration indicates change of use.

9. Applicants are also required to provide a statement about each person employed or proposed to be employed in looking after the children and of each person who has attained the age of 16 years and who are normally resident in the premises. Any mental or physical illness which subsequently occurs to these persons must be notified to the health authority.

Cont'd...

10. The record of each child admitted shall include the following information:—
- (a) Name, address and home telephone number.
 - (b) Date of birth.
 - (c) Mother's place of employment and telephone number.
 - (d) Name of child's general practitioner, address and telephone number.

The following table gives details as at the end of the year.

Registration

	No. registered	Places provided
Premises	51	1,178
Persons	40	349

Type of Care

	All day care		Sessional care	
	Number	Places	Number	Places
Premises	3	78	48	1,100
Persons	8	32	32	317

ENVIRONMENTAL CIRCUMSTANCES OF THE COUNTY

HOUSING

Continued progress has been made in the provision of new houses and the improvement of existing houses by grant aid as follows:—

Number of new houses erected during the year:—

	Council Houses	Private Houses
Borough and Urban Districts	753	834
Rural Districts	807	1,574
Total	1,560	2,408
Grand Total	3,968	

Improvement of houses by grant aid:—

* Discretionary Grants			* Standard Grants		
Boroughs and Urban Districts	Rural Districts	Total	Boroughs and Urban Districts	Rural Districts	Total
56	320	376	284	263	547

Grand Total — 923

* Overall improvement of dwelling with the exception of repairs (maximum grant £400)

* Provision of food store, W.C., bath, washbasin, hot and cold water supply (maximum grant £155)

District Councils have continued to re-assess housing conditions and the numbers remaining to be dealt with in accordance with the procedure of the Housing Act for slum clearance are as follows:—

Boroughs and Urban Districts	— 177
Rural Districts	— 780
Total	957

CAMPING SITES AND MOVABLE DWELLINGS

The number of caravans in the County now amounts to 21,170 of which some 90% are sited in coastal areas for holiday purposes and the remainder are on residential inland sites.

These sites require constant supervision by the Public Health Officers of District Councils in order to ensure that satisfactory conditions in accordance with the Caravan Sites and Control of Development Act are maintained. The Act requires amenities including water points, W.Cs., drainage, washing and laundry facilities, hot water and hardstandings (on residential sites).

There are now 1,273 chalets in coastal areas which are used for holiday purposes. This accommodation is generally superior to caravans, especially for families.

The Caravan Sites Act, 1968 (Part II) requires that County Councils shall provide sites for gipseys when the Minister decides that this part of the Act should become operative. A further survey has been commenced in order to re-assess the problem as, whilst there were small concentrations in the Glanford Brigg Rural District, adjacent to Scunthorpe, gipsy families are now occupying unauthorised sites within the Gainsborough Urban District.

The unsatisfactory conditions which arise, particularly by reason of the lack of water supplies and drainage, give rise to concern, as they become more acute as unauthorised sites become occupied by increasing numbers of gipseys. The occupations of some, who acquire scrap metal including cars, and who remove the "heavy metal" which is of the greatest value leaving the remainder on the site as litter, is to be deplored and could not be countenanced on any authorised site.

WATER SUPPLY

The Water Boards have maintained satisfactory supplies throughout the County.

The River Eau surface water supply scheme of the North East Lincolnshire Water Board, based on the treatment plant at Covenham, became operative during the year but the storage reservoir for 100 million gallons of raw water is still not completed. Members of the Health Committee visited the treatment works by the courtesy of the Board. The scheme is capable of supplying 14 million gallons of water daily to South Humberside and the adjoining areas.

Investigations are proceeding into the Trent – Fosse Dyke – Witham – Ancholme Scheme for the supply of 13 million gallons of water daily for industrial usage on South Humberside.

The Ministry of Housing and Local Government, the Water Resources Board and the Trent River Authority are currently engaged in a study of the quality of the water of the River Trent and its tributaries, some of which are grossly polluted by sewage and industrial effluent. Although improvement is being effected, it will be necessary to give very detailed consideration to the quality of the water and the proposed method of treatment, before its use can be extended to meet domestic and other potable demands.

The Water Resources Board are currently carrying out a survey of water resources and demands known as the "Midlands Study" and their report is expected during 1970. The area covered includes that from the River Humber – River Dee and thence southwards to the Gloucestershire – Oxfordshire areas. The report is awaited with interest, particularly with regard to recommendations for further potable supplies of water for Lincolnshire.

The North Lindsey Water Board commenced the fluoridation of water supplies at the Pumping Stations at Winterton Holmes and Barton-upon-Humber and are proceeding with the installation of plant at the Barrow-upon-Humber Pumping Station.

The Lincoln & District Water Board, at the request of the four local health authorities concerned, has agreed to commence fluoridating water. This will be effected in two phases, the first of which includes Welton Pumping Station which serves a large part of the Welton Rural District and it is expected that it will be commenced during 1970.

The level of fluoride in the raw water in the majority of sources in the County is approximately 0.1 parts per million and where schemes are initiated it will be raised to 1.0 parts per million, as recommended by the Department of Health and Social Security.

The fluoridation of water in other parts of the county is not possible at present as other local health authorities are opposed to the practice.

SEWERAGE AND SEWAGE DISPOSAL

There has been no severe restriction on the approval of schemes by the Ministry of Housing and Local Government, as it has been possible to clearly indicate the necessity for schemes which are promoted, in order to permit continued development and to improve existing housing circumstances. This policy has been stressed during recent years in order to reduce the pollution loading on rivers and streams and to ensure continuity in the improvement of the housing circumstances, by building new houses and providing drainage systems to existing houses where necessary. However, schemes require very careful scrutiny, and the provision of sewers in outlying areas, especially where limited development is permitted, is often quite uneconomical. This occurred at West Barkwith where 14 properties were involved and the cost per property amounted to £1,500. It is essential that developers should give detailed consideration to the method of sewage disposal at the outset, in isolated locations.

There has been consultation with officers of the Lincolnshire River Authority with particular regard to sewage and effluent disposal in order to prevent river pollution.

Preliminary consideration has been given during the year to the necessity for a trunk sewer or pumping main for the disposal of the major polluting effluents from industry on South Humberside and to the extent to which this may be required by District Councils and Grimsby C.B.C. in connection with sewage disposal.

All interested authorities and industries participated including the County Council, District Councils and Grimsby C.B.C., River Authorities, Sea Fisheries Committees and representatives of Industry. The County Council have undertaken to carry out a preliminary survey to assess the problem and the demand in order to ascertain if a full scale survey should be recommended.

Approval has been granted by the Trent River Authority for the discharge of trade effluent from the Scunthorpe area into the River Humber downstream of Immingham, in order to effect improvement to the River Trent. The "transfer" of this pollution load gave rise to concern on South Humberside but was accepted by the River Authorities by reason of the degree of dilution available in the River Humber.



This shows the elongated design of the Pasveer Ditch for sewage treatment including the rotary aeration device on the right.



This shows the assembly area for the submarine pipe line for sewage disposal which is adjacent to the Roman Bank at Ingoldmells Point. Here the pipes are jointed by welding and the joints protected by a mastic wrapping. The pipes are mounted on rollers and towed to sea by barge. The temporary retention of air in the pipes provides them with sufficient buoyancy for the launching operation.

Work has commenced on the construction of the submarine pipe line off Ingoldmells by the Spilsby R.D.C. for the disposal of treated sewage effluent. It is expected to be in operation in 1970.

Various departures from the conventional method of treating sewage have been examined in order to ascertain if any economy can be effected but few opportunities arise.

The "Pasveer Ditch" has recently been introduced which consists of an elongated tank in which sewage is subject to maceration and aeration. This method of treatment has two advantages, particularly for rural areas, viz, in clay sub-soil the concrete "lining" of the tank may be omitted with the exception of that near the surface and the degree of oxidation and subsequent purification may be varied according to the "load", which will assist in meeting unforeseen demands which may arise from new agricultural industries, particularly poultry dressing stations. The plant is also suitable for the treatment of wastes from intensive farming units.

CONVERSION OF PAIL CLOSETS TO WATER CLOSETS

During the year 561 pail closets were converted to W.Cs. This rate has shown a decrease over recent years from approximately 800 per annum to the present level which is attributed mainly to the improvement of dwellings and the provision of septic tanks as a temporary measure until public sewerage has become available.

There are many villages where this expedient is not practicable and the provision of public sewers is necessary before W.Cs. and bathrooms can be provided.

SANITATION OF HIGHWAYS

It has not been possible to proceed with the provision of public conveniences in the Mortal Ash area. An alternative site is now being considered with the County Surveyor in conjunction with further road improvements on the A.18.

COASTAL POLLUTION

Whilst the existing situation presents no danger to health, the circumstances are kept under close observation.

A detailed hydrographic survey concerning the disposal of sewage or effluent to be discharged into the sea is now an essential pre-requisite of all schemes in order to ensure no danger to health or loss of amenity.

There have been localised incidents of oil pollution of beaches at Mablethorpe and Skegness but the offending ships were not identified. Consideration has been given to suitable sites and methods of disposal of crude oil which may be removed from beaches should a major incident arise.

REFUSE COLLECTION AND DISPOSAL

The frequency of refuse collection has been mainly at weekly intervals or fortnightly in the smaller and remote villages.

Improvements in the collection service have been progressively carried out over recent years by implementing the paper/polythene sack system and by the use of vehicles of the latest design as replacements are necessary, which incorporate dustless loading and the maximum compression of the refuse in order to effect economy in transport costs.

The shortage of localised tipping ground is gradually resulting in fewer refuse tips and a tendency for district councils to combine with their neighbours for disposal purposes, which has been effected in four instances.

Whilst the foregoing factors require some re-organisation of the collection service, particularly by reason of longer haulage, it offers substantial advantages particularly the opportunity to effect more satisfactory maintenance of fewer tips by the full time use of mechanical equipment (normally a bulldozer) on each major tip, to carry out consolidation and covering of the refuse. In this respect the Glanford Brigg R.D.C. have been fortunate in securing the use of sand/gravel workings near Messingham which will provide an adequate disposal site and enable long term planning to be effected. This and other opportunities will effect a substantial amount of land reclamation, on suitably located sites and with adequate maintenance there should be no nuisance or loss of amenity.

The pulverisation of refuse by Scunthorpe M.B.C. is enabling disposal of the resultant product to be carried out in a low lying area adjacent to existing development. The final level will correspond with that of the adjoining land.

The disposal of industrial refuse by waste disposal companies has been kept under close observation especially with regard to the satisfactory maintenance of disposal sites and the prevention of water pollution.

In accordance with the requirements of the Civic Amenities Act, District Councils have provided sites where householders may deposit refuse which is not normally collected. This, together with the arrangements for the removal of scrap cars and other anti-litter requirements, are effecting the maintenance of generally satisfactory conditions in the countryside. Some localised circumstances give rise to concern, especially excessive accumulations of scrap cars, some of which occur at garages and the disfiguration of lay-bys and other areas by those who disregard the accepted codes for the disposal of litter.

The services of various firms are now available to deal with accumulations of scrap vehicles. In cases where there is a minimum of 250 scrap cars, it is now economical for plant to be taken to the site to carry out crushing and transport the metal to a "car shredding plant" in which it is pulverised or cut into shreds for return to the iron and steel industry.

AIR POLLUTION

The County Council have maintained gauges for the measurement of atmospheric pollution levels at Caenby, Market Rasen, Thornton Curtis and South Killingholme. The records compared favourably with those from other similar sites in the country.

The Central Electricity Generating Board have continued the measurement of levels of pollution in the Trent Valley which is essential, by reason of the increased output of electricity and corresponding increase in the fuel consumption by the Power Stations, particularly West Burton.

There was considerable concern in Scunthorpe and in the adjacent rural areas following the discharge of pollutants, particularly iron oxide from one of the steel manufacturing plants during the latter part of the year. This occurred by reason of the breakdown of an electro-static precipitator and, in consequence, the British Steel Corporation have formed a committee consisting of specialist officers to investigate both the short and long term measures which are necessary in connection with the operation of precipitators and other plant for the removal of pollutants in the industry.

Improvement in extraction plants to control the emissions is being effected at two major factories on South Humberside, but it is inevitable in an industrial zone of this nature that breakdowns will arise accompanied by nuisance or adverse affect on the amenity of the area. However, frequent consultation is maintained with the Alkali Inspectorate and industry is co-operating with a view to reducing unsatisfactory conditions.

During the investigations by the Planning Unit of the Ministry of Housing and Local Government into development on South Humberside, the necessity for major domestic development in the future to be well removed from the industrial zone was most strongly emphasised and it is gratifying that this policy has been adopted in the report of the Minister which has now been published.

TRANSPORT OF DANGEROUS MATERIALS

As the Police and Fire Service deal with emergencies on highways and in buildings, arrangements have been made for the immediate notification to the Officers of River or Water Authorities and the District Council concerned, of incidents involving the spillage of materials on roads or in factories (during fires), where these are liable to discharge into rivers or streams or into a sewerage system for foul or surface water.

This will enable appropriate action to be taken where there is any likelihood of the pollution of water, especially that which is normally used for public supplies, and where there may be adverse effects of chemical pollution on the operation of a sewage disposal works, as many chemicals are capable of completely neutralising the biological treatment.

In addition, the arrangements to deal with an incident concerning the transport of major consignments of radio active materials, particularly in the north of the County, have been reviewed.

INSPECTION AND SUPERVISION OF FOOD AND DRUGS

SAMPLING OF FOOD AND DRUGS FOR ANALYSIS

The basic legislation relating to the supervision of food and drugs remained unaltered. The Imported Food Regulations became operative during the year which deal with the practice of the importation of food by the "Container System". It has previously been accepted policy to examine and sample food at the port of entry, but as it may now be imported in sealed containers which are despatched direct to a central point for breaking down or to the processing factory concerned, examination may be deferred until the food reaches the latter stage. Some foods are wholly or partially processed on importation.

A wide range of food is now imported by the "Tor" shipping line at Immingham and arrangements have been made with the Grimsby R.D.C. for the Port Health Inspector to carry out sampling under the Food and Drugs Act, as necessary, which is subject to the overall supervision of the County Health Inspector. The sealed container system is not widely used here. Sixty four samples of food were submitted for analysis, of which four samples bore incorrect labels and one sample of mineral capsules were deficient in iron and vitamin C based on the claim on the container. The labelling deficiencies were due principally to the importers not being fully aware of the requirements of the Act and Regulations. The mineral capsules were held until satisfactory re-labelling had been carried out by the importing agent.

Food and Drugs Samples 1968 (with the exception of the Port of Immingham)

<i>Name</i>	<i>Number Analysed</i>	<i>Genuine</i>	<i>Adulterated</i>
1. Milk	—	—	—
2. Processed milk products	25	24	1
3. Edible fats and oils	17	17	—
4. Preserves	3	3	—
5. Tinned, bottled and dried articles	195	192	3
6. Alcoholic beverages	16	16	—
7. Non-alcoholic beverages	16	16	1
8. Sugar, flour and confectionery	63	60	3
9. Meat and fish products	39	33	6
10. Vinegars, spices, flavourings and essence, sauces and pickles	21	21	—
11. Cereal products	7	7	—
12. Medicines and drugs	28	28	—
13. Miscellaneous	22	20	2
TOTAL	452	436	16

A further 19 specimens of food were submitted to the Public Analyst for examination for the presence of extraneous matter (confirmed in all cases).

In addition, 616 samples of milk (including 89 samples of school milk) and 189 samples of cream and 5 samples of cheese were tested in the County Offices laboratory.

Legal proceedings were instituted concerning the following deficiencies:—

Potatoes of unsatisfactory quality (rot, disease and greening) 4 offences	—	Fines £15 with £10.10.0 costs £10 with £6. 6.0 costs £10 with £3. 3.0 costs (for two of the offences)
Liqueur chocolates deficient in alcohol	—	Fine £15 with £10.10.0 costs
Steak and Kidney pie affected by mould	—	Fine £25 with £10.10.0 costs
Cornish pasty affected by mould	—	Fine £15 with £9.4.0 costs
Bilberry and apple pie affected by mould	—	Fine £20 with £7.7.0 costs
Chocolate cake affected by mould	—	Fine £20.

Warnings were issued to the manufacturers/retailers in 41 cases of extraneous matter in food.

Sixteen samples of meat, fish, offal and water were submitted for examination under the national scheme, for the presence of pesticide residues and they all proved negative.

The Food Standards Committee of the Ministry of Agriculture, Fisheries and Food have made recommendations relating to the revised fruit content in a wide range of jams and other preserves. These are now receiving consideration with a view to them being adopted as statutory standards.

The Additives and Food Contaminants Committee and the Pharmacology Sub-Committee of the Ministry of Agriculture, Fisheries and Food have examined a further wide range of food additives which are mainly used in the bakery trade. These include agents to effect flavouring, preservation, glazing, anti-foaming, anti-caking (to reduce adhesion of particles), firming and crisping and releasing (to facilitate release of prepared food from belts, trays and other utensils). Some 80 substances in the foregoing categories have been approved as being of no danger to public health. Limitation on the quantities used have been imposed on three agents and these, together with one further agent, will be re-tested within five years.

Concern has been expressed during the year relating to the safety of cyclamate, an approved artificial sweetening agent, since it is known to cause chromosome damage if consumed in sufficient quantity. This has been tested on two occasions by the foregoing committees and found to be satisfactory on both, in the daily amounts which a person would normally consume, although excessive consumption may be harmful.

MERCHANDISE MARKS ACTS, 1887 – 1952

Inspections were carried out in order to ensure the correct labelling of imported foods.

The position is generally satisfactory, but constant surveillance is necessary.

BIOLOGICAL EXAMINATION OF MILK

Two hundred and fifty-two samples of raw milk were subject to biological examination. Milk from 20 herds was found to be affected with brucella abortus, one being the herd of a producer/retailer. Immediate action was taken in order to identify and remove the offending animals. However, in view of the danger of Brucellosis, the consumption of untreated milk in any form is to be discouraged.

There was no evidence of tuberculosis in the milk.

ANTIBIOTICS IN MILK

The milk supplies of producer/retailers were examined for the presence of antibiotics during the year. These are used for the treatment of udder conditions such as mastitis. An interval of at least 48 hours, or that recommended by the manufacturer of the antibiotic, should be allowed between the application of the antibiotic and the use of the milk for human consumption, in order to ensure that all traces have been removed naturally. The danger otherwise is the development in humans of strains of disease causing organisms, resistant to antibiotic treatment.

Thirty-five samples were subject to examination, all of which were satisfactory.

SUPERVISION OF PASTEURISING PLANTS

The six pasteurising plants which are licensed by the County Council continued to operate in a satisfactory manner during the year. In addition to the frequent inspections of the plant, the following samples were taken from the dairies concerned:—

<i>Total number of samples</i>	<i>Samples failing to satisfy methylene blue reduction test *</i>	<i>Samples failing to satisfy phosphatase test #</i>
638	1	3

SUPERVISION OF RETAIL SALES OF MILK

<i>Grade of Milk</i>	<i>Total No. of samples</i>	<i>No. of samples satisfying tests</i>	<i>No. of samples failing to satisfy methylene blue test *</i>	<i>No. of samples failing to satisfy phosphatase test or turbidity test #</i>
Pasteurised	1,118	1,097	18	3
Sterilised	571	571	—	—
Untreated (raw)	3	3	—	—
Ultra heat treated	2	2	—	—
Total milk samples	1,694	1,673	18	3
Cream	152	149	—	3

* Test relates to keeping quality of milk

Test relates to efficiency of heat treatment

In all cases where unsatisfactory samples have occurred an investigation and re-sampling has been carried out and the dairymen warned and advised as necessary.

There are no statutory requirements relating to the adequate heat treatment of cream but this is carried out by the majority of processors in the country in a satisfactory manner and agreement has been reached in this respect in the County.

PASTEURISATION OF LIQUID EGG

The Liquid Egg (Pasteurisation) Regulations 1963 require that all soft shell or broken eggs should be pasteurised in order to render the product safe for human consumption, as contamination of the egg may have occurred. The pasteurised product is subsequently supplied mainly to the bakery trade. There are no plants in Lindsey, but plants are situated at Retford and Nottingham and the arrangements are operating satisfactorily.

FOOD HYGIENE REGULATIONS

The standards in the majority of food premises, including shops, restaurants and cafes, generally comply with the Food Hygiene Regulations, but constant inspection and education of food handlers is an essential function of Public Health Officers.

School canteens and the kitchens of other County Council establishments are satisfactory and subject to inspection by the County Health Inspector as necessary. Food supplies have been kept under close observation.

SLAUGHTERHOUSES AND MEAT INSPECTION

The Meat Inspection Regulations 1963, require that all meat which is slaughtered for human consumption shall be subject to inspection and the carcasses stamped in a prescribed manner. This requirement has been carried out during the year, and in addition a satisfactory standard of hygiene has been maintained in accordance with the Slaughterhouse (Hygiene) Regulations 1958.

The following table gives details of the numbers of animals slaughtered and of whole or portions of carcasses and organs found to be diseased.

	<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed (if known)	19,879	338	225	42,449	48,613	—
Number inspected	19,879	338	225	42,449	48,613	—
<i>All diseases except tuberculosis and cysticerci</i>						
Whole carcasses condemned	31	79	40	125	170	—
Carcasses of which some part or organ was condemned	2,744	64	17	510	2,598	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.95	42.31	25.33	1.496	5.69	—
<i>Tuberculosis</i>						
Whole carcass condemned	—	—	—	—	3	—
Carcasses of which some part or organ was condemned	3	—	—	—	276	—
Percentage of the number inspected affected with tuberculosis	0.015	—	—	—	0.57	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	24	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	8	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

CONSUMER PROTECTION ACT 1961

The Nightdresses (Safety) Regulations 1967, require nightdresses to be made of materials which satisfy the low flammability test as prescribed by the British Standards Specification, but an exception is provided for adult nightdresses which may be manufactured in alternative materials subject to the garment bearing a durable label warning against the danger of fire.

Thirty-two nightdresses were submitted for analysis during the year, all of which were manufactured in synthetic material. These passed the prescribed test with the exception of one, the thread in the lower section of which was unsatisfactory, but this deficiency did not constitute a major fire hazard.

The Toys (Safety) Regulations prescribe a maximum of 11,000 parts per million of lead on children's toys and prohibit celluloid in toys with the exception of table tennis balls.

Forty-two toys, mainly of foreign origin, were examined. The paint on eight contained lead in excess of the foregoing amount and of these four had been imported.

Full investigations (including checks at importers premises by the Officers of the Authorities concerned) have been carried out and suitable warnings were issued as necessary to the manufacturers, importers and retailers.

Advice has been included in health education lectures and talks in clinics and other centres on the foregoing matters.

